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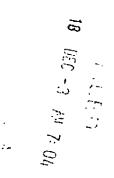
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то:	Registration Section Division of Corporations	
CHB	ATPD Holdings, LLC	
SUD	(Name of Limited Liability Con	npany)
The e	enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Pleas	e return all correspondence concerning this matter to:	
Johr	D. Rhodes, Jr.	_
	(Contact Person)	
ATP	D Holdings, LLC	_
	(Firm/Company)	_
285	Sunrise Lakes Drive, West Unit 106	_
	(Address)	
Sun	rise, FL 33322	_
	(City/State and Zip Code)	
For	further information concerning this matter, please call:	
Joh	n D. Rhodes, Jr. 954	649-8165
	(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)
	Fosed please find a check made payable to the Florida 25 Filing Fee \$55 Filing	Department of State for: g Fee & Certified Copy
Reg Div Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations fron Building 1 Executive Center Circle lahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY:

(Pursuant to 605.0216, Florida Statutes)

<i>_</i>
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1. The name of the limited liability company as it appears on the records of the Florida Department
of State is:
2. The Florida document/registration number assigned to this limited liability company is:
L09000115600
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
Alice M. Smith , hereby withdraw/resign as a
4. I, Alice M. Smith, hereby withdraw/resign as a, hereby withdraw/resign as a
Manager/member .
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Oluci M. Snuth Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)

Certified Copy:

\$30.00 (Optional)