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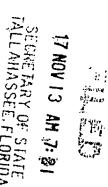
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as	it appears on the records of the	Florida Department
of State is: BR	OADWAY GENESIS LLC		
2. The Florida dod	cument/registration number as	signed to this limited liability	company is:
L100000127	35		الالا 12.85% 12.4
3. The date this m	ember/manager withdrew/resi	gned or will withdraw/resign i	s: 153/15
4. I. GARY SAS	SO	, hereby withdraw/resign	
	Name of Person Resigning)		
MGR		,	RED IN
	(Print Title)		>
of this limited li resignation in w		e limited liability company has	been notified of my
		<u> </u>	
Signature of I	issociating Member or Resign	ning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)	•	