# [000004888 Jage 1 of 1 Division of Comoratio

### Florida Department of State

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Account Number: 075350000065

Phone : (954)525-7500 Fax Number : (954)761-8475

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### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

2. This limited liab Florida	ility company was organize	nd under the laws of:	
3. The Florida doc L100000		of this limited liability company is:	
4.1, Michael	Pirgmann	, hereby resign as a Manager (Print Title)	
	bility company and affirm the	the limited liability company has been notified of my	13m Cara Annual Annual
Signature of Res	gning Member, Managing I	Member or Manager  No. 12 April 19 Apri	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	<b>D</b>	

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