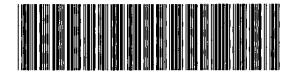
## L100000078541

**.**577

•

• (Req	uestor's Name)	
(Áddi	ress)	
lbbA)	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doce	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



600227836786

04/12/12--01006--024 \*\*50.00

12 APR | 2 AM | 1: 47
SECHLIARY OF STATE
ALLIAMSSEE FLOBIN

B. BOSTICK APR **1 3** 201**2** 

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as i		the Florida Department
2. This limited liability company was organized to	under the laws of:	
3. The Florida document/registration number of t	his limited liability compa	ny is:
4. I, (Print Name of Person Resigning)	, hereby resign as a	MGR (Print Title)
of this limited liability company and affirm the resignation in writing.	limited liability company l	nas been notified of my
Signature of Resigning Member, Managing Me	mber or Manager	12 SEU TALL
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	inooi, or ividiager	FILED  APR 12 AHII: 47  URL DIRY OF STATE  LAHASSEE, FLORID