LIBBOOLIBSAR

| (Re | questor's Name) | | | |
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| (Cit | ry/State/Zip/Phone | e #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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2015 NOV 20 P 12: 39
SECRITARY OF STATE
TALLAHASSEE, FLORIDA

NOV 23 2015) BRUCE



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)

| | the limited liability company as | • • | f the Florida Dep | oartment | |
|--------------------------------|--|-------------------------------|---------------------|---|---------------|
| 2. The Florida o | locument/registration number as 0522 | signed to this limited liabil | lity company is: | | |
| 3. The date this Lucretia S | member/manager withdrew/resi Sesniak (deceased) nt Name of Person Resigning) | gned or will withdraw/resi | gn is: 3/16/201 | SECRETA NOV | Bright Palace |
| | nt Name of Person Resigning) and member | , nerooy wandrawites | AUGE Er | 20 20 20 20 20 20 20 20 20 20 20 20 20 2 | |
| of this limited resignation in | (Print Title) liability company and affirm the writing. | e limited liability company | has been notifie | TSIA dof my | Ö |
| Signature of | Dissociating Member or Resign | nel representa | tive of Lucretin | a Ses | niak |
| Filing Fee: | \$25.00 (Required) | | | | |

Certified Copy:

\$30.00 (Optional)