<u>L11000056133</u>

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	siness Entity Nar	me)
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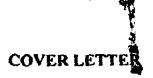
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TO: Registration Section
Division of Corporations

SUBJECT: Allegiant Ingenuity

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

(Control Creek FL 33073

For further information concerning this matter, please call:

Shandre McLean at 1914, 8855407

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\text{Certified Copy}\$

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, 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

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 Dep	partment
of State is:	Allegiant Ingenuity	LLC	
	cument/registration number assigned to this limited lial		•
411	000056133		
3. The date this m	ember/manager withdrew/resigned or will withdraw/re	esign is: Jav	3,2014
4.1, <u>Jase</u>	Name of Person Resigning), hereby withdraw/ri	esign as a	
Ma	naging Member	ا المراجع المراجع	16
of this limited li	ability company and affirm the limited liability compar	ny has been notifie	-11 .
resignation in writing.		₩ . • • • • • • • • • • • • • • • • • • •	29
	1/1/	सर्वे राष्ट्र	
Signature of D	dissociating Member or Resigning Manager		PH 12: 43
Filing Fee:	\$25.00 (Required)		•