## L110000 94594

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
· (Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
·						

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

OCT 0 6 2014 T. CARTER

LUC Member Resign

## **COVER LETTER**

_	stration Section sion of Corporations	
SUBJECT:		ity Company)
	(Name of Limited Liabil	ity Company)
The enclose	d member, resignation or dissociation and	I fee(s) are submitted for filing.
Please return	n all correspondence concerning this matt	er to:
Mr. Wayne	J.Scott	
-	(Contact Person)	
Impact Re	alty Inc.	
	(Firm/Company)	<del></del>
255 Prime	ra Blvd, #160	
	(Address)	<del></del>
Lake Mary	, Florida 32746	
	(City/State and Zip Code)	<del></del>
For further i	information concerning this matter, please	e call:
Mr. Wayne	J. Scott 617	
1)	Name of Contact Person) (Area	a Code & Daytime Telephone Number)
Enclosed pl	ease find a check made payable to the Flo g Fee  \$55	orida Department of State for: Filing Fee & Certified Copy
Registration Division of Clifton Buil 2661 Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

. The Florida docume L11000094594	ent/registration i	number assi	gned to	this limited	liability	company	is:	
. The date this memb	er/manager with	ndrew/resig	ned or w	vill withdra	w/resign	is:	<b>//2014</b>	
. I. Epcon Internation		; ,		by withdra				<del>.</del>
· · · · · · · · · · · · · · · · · · ·	of Person Resigni			coy willigia	WiesiBu	i as a		
MGRM	•			•				
(Pri	nt Title)	·•						·. ·
of this limited liabilit		affirm the	limited l	iability con	npany ha	s been no	tified o	f my
	11 -		•					

Filing Fee:

\$25.00 (Required)

\$30.00 (Optional)