L11000100326

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

Office Use Only



300273050903

05/20/15--01021--017 **25.00

15 HAY 20 AM 10: 29

NAY 27 2015 CLEWIS

COVER LETTER

tion	
nited Liability C	ompany)
iation and fee	(s) are submitted for filing.
this matter to	:
	
	······
· · · · · ·	_
ter, please cali	:
954	566-2226
	le & Daytime Telephone Number)
to the Florida	Department of State for:
□ \$55 Filin	ng Fee & Certified Copy
	MAILING ADDRESS:
	Registration Section
	Division of Corporations
	P.O. Box 6327 Tallahassee, Florida 32314
	ter, please call at (Area Cod

CR2E079 (2/14)

Tallahassee, Florida 32301

BIVIETO E STE MAN 29



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 of State is:	• • •	s it appears on the records of the Florida Department
2. The Florida doc	ument/registration number a	ssigned to this limited liability company is:
L1100010032	6	·
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:
D 5		
(Print !	lame of Person Resigning)	, hereby withdraw/resign as a
Manager and		
	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
X resignation in wi		Donaco Francis
Signature of D	ssociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:		SAJEDA CHOUDHURY Notary Public - State of New York NO. 01CH6317458 Qualifier in Queens County Yo Commission Expires Jan 5, 2019

CR2E079 (2/14)