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TO: Registration Section

CR2E079 (2/14)

Division of Corporations
SUBJECT: Reeser Rodrife Outer & Edravko LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Michael S. Reeser (Contact Person)
Reeser Rollife Ortho & Edravko LCC (Firm/Company)
3411 Palm Harbor Blvd (Address)
Palu Harbor FZ 34683 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael S. Reeser at (727) 787-59/9 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: 2 \$25 Filing Fee
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



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	limited liabi	lity company as it	appears on th	e rec	ords of the Flori	da Department
of State is:	leeser,	Rodnite,	Outten	9	Zdravko,	LLC.
2. The Florida docu	ıment/registr	ation number assi	gned to this li	mited	d liability compa	ny is:
L11000						44.ž
3. The date this me	mber/manag	er withdrew/resign	ned or will wi	thdra	w/resign is: _ o	1/5/1/1800
3. The date this me 4. I, Angela (Print N	E. Os,	Hen P.A. Resigning)	, hereby w	ithdra	aw/resign as a	MN20
	GRM (Print Title)	·				PH 2:1
of this limited lial resignation in wri	oility compa					
aun	W					
Signature of Di	ssociating M	ember or Resigni	ng Manager			
Filing Fee:	•					
Certified Copy:	\$30.00 (0	Optional)				