111000142248

| (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: |
| |
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| |

Office Use Only



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S. WARREN DEC 1 9 2017

COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: Editing for Author LLC (Name off.imited Liability Company) |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to: |
| Jan Van Zile (Contact Person) |
| (Firm/Company) |
| 1620 SW 5th Avenue (Address) |
| Ponparo Beach FL 33060 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| $\frac{\int o \sqrt{e \sqrt{Z.le}}}{\text{(Name of Contact Person)}} = \frac{\text{at}(954)}{\text{(Area Code & Daytime Telephone Number)}}$ |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy |

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

TO: Registration Section

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 limited liability company as it appears on the records of the Florida D of State is: Editing for Athon, LLC | - |
|---|-----------|
| 2. The Florida document/registration number assigned to this limited liability company is | |
| <u>L11000142248</u> | 1 |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: $11/3$ | 0/17 |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/3 4. I. ERICA ORLOFF | |
| partner (Print Title) | |
| of this limited liability company and affirm the limited liability company has been notified resignation in writing. Signature of Dissociating Member of Resigning Manager | ied of my |
| Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) | FILED |