L12000013677

(Red	questor's Name)			
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SECRETARY OF STATE

C. LEWIS

JUL 17 2012

EXAMINER

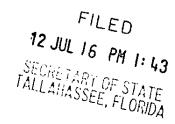
COVER LETTER

Division of Corporations	
SUBJECT: Place of Bliss LLC.	
(Name of Limited Lia	bility Company)
The enclosed member, managing member or manag filing.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	atter to:
Eddie Williams Samantha Willia (Contact Person)	ms_
Place of Bliss LLC.	
(Firm/Compuny)	
71 Water Trak	
(Address)	-
Ocala, Fl. 34472	
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Eddie Williams Amunthu William Sat (352 454-4632 rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the I	
\$25 Filing Fee	S55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)

TO: Registration Section





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as ce of Bliss LLC.	it appears on the records of the Florida Department
2. This limited liab	ility company was organized	
3. The Florida docu L12000013		this limited liability company is:
4. I, Samantha Williams (Print Name of Person Resigning)		, hereby resign as a Manager/ Member
of this limited lial resignation in wr		e limited liability company has been notified of my
Signature of Resi	gning Member, Managing M	lember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	