## 112000029776

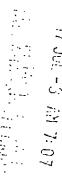
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Danisa and Marshar)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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## COVER LETTER

TO:	~	stration Section ion of Corporations			
SUBJ	Shoot and Move, LLC				
	(Name of Limited Liability Company)				
The er	nclosec	l member, resignation or diss	ociation and fee(	s) are submitted for filing.	
Please	return	all correspondence concerni	ng this matter to	:	
Kris S	Sutton				
		(Contact Person)			
Shoo	t and	Move, LLC			
		(Firm/Company)		_	
101 N	Mashe	s Sands Road			
		(Address)		_	
Pana	icea, F	FL 32346			
		(City/State and Zip Code)		_	
For fu	irther is	nformation concerning this m	natter, please call	:	
Kris S	Sutton		850	210-9332	
-	(N	ame of Contact Person)		e & Daytime Telephone Number)	
	sed ple 5 Filing	rase find a check made payab y Fee		Department of State for:  ng Fee & Certified Copy	
Regist Divisi Clifto	tration ion of C n Build	•		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
		ive Center Circle Florida 32301		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)

	limited liability company as i ot and Move, LLC	it appears on the records of the Florida Dep	artment
2. The Florida doc L1200002977		signed to this limited liability company is:	17 را
4. I.	oseph	gned or will withdraw/resign is: 6/29/17, hereby withdraw/resign as a	7 JUL - 3 AM
MGMR	ame of Person Resigning) (Print Title)		7: 0.7
resignation in wr	bility company and affirm the	e limited liability company has been notified $\frac{6 \left(27 \right) \left(7\right)}{\text{ning Manager}}$	d of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		