420000322010

(Requestor's Name)				
(Address)				
(Address)				
(133.233)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusilless Ellity Name)				
(Document Number)				
Certified Copies Certificates of Status				
[
Special Instructions to Filing Officer:				
A. LUNT				
OCT -1 2012				
EXAMINED				

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it a		•	
<u>_</u>	y company was organized un	der the laws of: 	2012 Sap 28	
	ent/registration number of thi	_·	ny is: PH 455	7
4. I, MIDRE	e of Person Resigning)	_, hereby resign as a	(Print Title)	
of this limited liabili resignation in writin	ty company and affirm the ling.	mited liability company h	as been notified of my	
Signature of Resign	ing Member, Managing Mem	ber or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			