L12000035363

(Re	equestor's Name)	
•	•	
(Ad	ldress)	
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(Ad	ldress)	······································
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(0.		
(De	ocument Number)	
Certified Copies	Certificates	of Status
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SECRETARY OF STATE DIVISION OF CORPORATION

OCT 1 1 2012

T. HAMPTON

COVER LETTER

CR2E079 (5/06)

TO:	Registration Section Division of Corporations		
SUBJ	Decree One Plus Management, LLC		
	(Name of Limit	ed Liability Cor	mpany)
The enfiling.	nclosed member, managing member or r	manager resig	gnation and fee(s) are submitted for
Please	e return all correspondence concerning the	his matter to:	
Danie	elle Lewis		
-	(Contact Person)		_
	(Firm/Company)		-
480 n	ne 30th st. #1605		
	(Address)		_
Miam	i, FL 33137		
	(City/State and Zip Code)		_
For fu	orther information concerning this matter	, please call:	
Danie	elle Lewis	786	302-8481
	(Name of Contact Person)		& Daytime Telephone Number)
Enclos	sed please find a check made payable to	the Florida I	Department of State for
	\$25 Filing Fee	X	S55 Filing Fee &
		11	Certified Copy
STRE	ET/COURIER ADDRESS:		MAILING ADDRESS:
_	ration Section		Registration Section
	on of Corporations		Division of Corporations
	n Building		P.O. Box 6327
	Executive Center Circle assee, Florida 32301		Tallahassee, Florida 32314
ı anail	assoc, Fiulia 32301		



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 e Plus Management, LLC			Depart	ment
2. This limited liab	ility company was organized	d under the laws of:			
L1200003536	ument/registration number o	·	mpany is:		
4. I, Print Name of Person Resigning)		herehy resion as a	Managing Partner (Print Title)		
		, norecy rearginas a			
	bility company and affirm th				
Signature of Resi	gning Member, Managing N	0/5//2 Member or Manager			
· ·					
Filing Fee:	\$25.00 (Required)			_	<u> </u>
Certified Copy:	\$30.00 (Optional)			12 OCT	MASSA ECSE