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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ELLISON LAZENBY PLLC

Account Number : I20150000059
Phone : (727)362-6151
Fax Number : (727)362-6131

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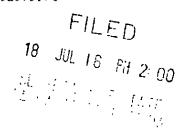
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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

The Florida document/registration number a     L12000097549  3. The date this member/manager withdrew/rea	issigned to this limited liability company is:
3. The date this member/manager withdrew/re	•
	signed or will withdraw/resign is:6-29-18
STEVEN P. ELIA	hereby withdraw/resign as a
4. I, STEVEN P. ELIA (Print Name of Person Resigning)	, derecty which any realization is
MANAGER AND MEMBER	
(Print Title)	
of this limited liability company and affirm t resignation in writing.	he limited liability company has been notified of my
29	
Signature of Dissociating Member or Resi	gning Manager
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	
CR2E079 (2/14)	