4120000 98341

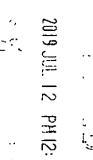
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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(Document Number)					
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:	r jednik i kirak di <u>kirali kirak di kad</u> i		
(Name of Lin	iited Liability Co	ompany) .	
The enclosed member, resignation or dissoc	ation and fee(s) are submitted	for filing.
Please return all correspondence concerning	this matter to		
Jason D. Slater, Esq.			1
(Contact Person)			
Rossway Swan Tierney Barry Lacey & (Dliver, P.L.		ing the second of the second o
(Firm/Company)			
2101 Indian River County, Suite 200	ter prof	· · · · · · · · · · · · · · · ·	San
(Address)			Same State of the second
Vero Beach, Florida 32960 (City/State and Zip Code)		<u>. </u>	A - 65
For further information concerning this matter	er, please call:		
Jason D. Slater	772 at (231-4440	
(Name of Contact Person)	- \	c & Daytime Teler	phone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida I		•
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING AD Registration Se Division of Con P.O. Box 6327 Tallahassee, Flo	ction porations
CR2E079 (2/14)			



2019 JUL 12 PM 12:

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)

1. The name of the of State is: PRN	limited liability company as i	t appears on the reco		Florida Department
2. The Florida docu L12000098341	ment/registration number ass	signed to this limited	liability co	ompany is:
3. The date this men	mber/manager withdrew/resig	gned or will withdraw	//resign is	April 19, 2019
1-44 [3:1]				•
(Print No	ame of Person Resigning)	, norody wimina	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Manager			1	
(Print Title)			
of this limited liab resignation in wri	oility company and affirm the ting.	limited liability com	pany has l	peen notified of my
Signature of Dis	sportating Member or Resign	ing Manager	;	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			
			· ·	,