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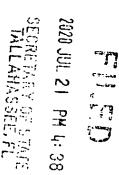
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COVER LETTER

TO: Registration Section				
Division of Corporations				
Life Made Simpler, LLC SUBJECT:				
	imited Liability Co	mpany)	_	
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.		
Please return all correspondence concerning	ig this matter to:			
Beth Berman				
(Contact Person)		_		
Life Made Simpler, LLC				
(Firm/Company)				
2759 State Road 580, Suite 110				
(Address)		_		
Clearwater, FL 33761		ç	20 20	
(City/State and Zip Code)		TAL	20 J	
For further information concerning this ma	itter, please call:	CAIIA	020 JUL 21 PM 4: 38	
Beth Berman	727 at (330-1998 (S)		
(Name of Contact Person)		& Daytime Telephone Number		
Enclosed please find a check made payable \$\begin{align*} \$25 \text{ Filing Fee} \end{align*}		Department of State for:	7 38 7 38	
Mailing Address:		Street Address:		
Registration Section Division of Corporations	Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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)

		s it appears on the records of t	•
		ssigned to this limited liability	
Laura Pohl		signed or will withdraw/resign	
(Print N		, hereby withdraw/resign	11 u.s u
	(Print Title) bility company and affirm thiting.	ne limited liability company ha	as been notified of my
Signature of Di	ssociating Member or Resig	ning Manager	2020 SECH TAL
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TALLAMASSEE FL