L12000116769

(Requestor's Name)			
(Address)			
(Address)			
(0	Dity/State/Zip/Phone #)		
PICK-UP	☐ WAIT ☐ MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
	!		

Office Use Only



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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)

	limited liability company as it a tury Management LLC	ppears on the records of the Florida Department
2. The Florida docu L1200011676	-	ned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigne	d or will withdraw/resign is:
4. I, Century Management Trust (Print Name of Person Resigning)		_, hereby withdraw/resign as a
Manager/Mer		
	(Print Title)	
of this limited lia resignation in wr	•	nited liability company has been notified of my
Signature of D	issociating Member or Resigning	g Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	