L12000 117047

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COVER LETTER

TO: Registration Section					
Division of Corporations	•				
SUBJECT: Paladin Mediation LLC					
(Name of Limited Liability Cor	npany)				
The enclosed member, resignation or dissociation and fee(s	a) are submitted for filing.				
Please return all correspondence concerning this matter to:					
Michael L. DeLong					
(Contact Person)	_				
Paladin Mediation LLC					
(Firm/Company)	_				
2015 Teakwood Lane					
(Address)	_				
Port Orange , FL 32128	•				
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Michael DeLong 561	315-2381				
(Name of Contact Person) (Area Code	& Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	Department of State for: Fee & Certified Copy				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301	,				

CR2E079 (2/14)



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		s of the Florida Department
	"	assigned to this limited lia	ability company is:
L1200011704	3	<u> </u> •	
3. The date this me	ember/manager withdrew/r	resigned or will withdraw/r	resign is:
4. I, Michele Gur	to Del ona		
	lame of Person Resigning)	, hereby withdraw/	resign as a
member/mgr			
	(Print Title)	,	
of this limited lia resignation in wr		the limited liability compa	any has been notified of my
Michila	Luto De &	line-	Service Services
	issociating Member or Res		E NO
Filing Fee:	\$25.00 (Required)		101 101 102 103 103 103 103 103 103 103 103 103 103
Certified Copy:	\$30.00 (Optional)		44