## 11200121567

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(Requestor's Name)	
(Address)	ii
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	İ
Certified Copies Certificates of S	Statu <b>s</b>
Special Instructions to Filing Officer:	
Office Use Only	



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## COVER LETTER

TO: Registration Section Division of Corporations		
Chaz Lytle Baseb	all LLC	
	(Name of Limited Liability Company)	
The enclosed member, resignatio	n or dissociation and fee(s) are submitted for filing.	
Please return all correspondence	concerning this matter to:	
Chaz Lytle		
(Contact Perso	in)	
Chaz Lytle Baseball LLC		
(Firm/Compar	rv)	
2316 River Tree Circle		
(Address)		
Sanford, FL 32771		
(City/State and Zi	p Code)	
For further information concerning	g this matter, please call:	
Chaz Lytle	407 951-6924	
(Name of Contact Persor	(Area Code & Daytime Telephone Number)	
Enclosed please find a check mad  \$25 Filing Fee	le payable to the Florida Department of State for:  □ \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	S: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

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)

	lí -	any as it appears on the records of the Florida Department
of State is:	z Lytle Baseball LLC	; 
2. The Florida docu L1200012156	- II	nber assigned to this limited liability company is:
3. The date this me Kimberly Lytl	mber/manager withdre	ew/resigned or will withdraw/resign is:
4. 1, (Print N	e  ame of Person Resigning)	, hereby withdraw/resign as a
Manager		
· · · · · · · · · · · · · · · · · · ·	(Print Title)	—· • • • • • • • • • • • • • • • • • • •
of this limited lial resignation in wri		irm the limited liability company has been motified of my
L	MZ	
Signature of Di	ssociating Member or I	Resigning Manager CRUATE 27
•	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	