112000/22425

(Re	equestor's Name)	,			
(Address)					
(Ac	idress)				
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
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07/13/16--01023--009 **50.00



W. HARRIE



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 th	e limited liability compa	ny as it appears	on the records of	the Florida Departmen
	East Hill G			
	cument/registration numl		•	
	1200012242	<u>5</u> .		•
3. The date this n	nember/manager withdrev	w/resigned or wi	ll withdraw/resig	m is: 7/12/16
4. I,	hae Neyra Name of Person Resigning)	, here	by withdraw/resig	gn as a
<u>ma</u>	(Print Title)	<u>_</u> ·		
of this limited li resignation in v	ability company and affin	rm the limited li	ability company l	nas been notified of my
Ma	1/2			SEC 16
Signature of I	Dissoprating Member or I	Resigning Mana	ger	16 JUL 13 SECRETARI
	\$25.00 (Required) \$30.00 (Optional)			3 PH 3: L