(Requestor's Name) (Address)	
(Address)	90026283
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	08/05/14010/
Special Instructions to Filing Officer:	
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Office Use Only



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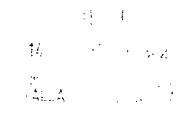
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AUG 1 4 2014 0

R. WHITE





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 i	t appears on the records of the Florida Department
2. The Florida docu	ument/registration number ass	igned to this limited liability company is:
L1300001218	8	
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/resign is: 01/24/2013
		, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	, neree) with any reeign as a
MANAGING	MEMBER	
	(Print Title)	
of this limited lia resignation in wr	• •	limited liability company has been notified of my
Maria de	275	
Signature of D	issociating Member or Resign	ing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	