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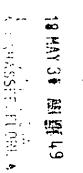
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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:	-		

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: RAM BRADENTON U.C. (Name of Limited Liability Company)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
TELESE BROWN MUKRY (Contact Person)				
(Firm/Company)				
4720 RIVERVIEW BLUD.				
BRADENTON FL 34209 (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (941) 3666-8100 (Area Code & Daytime Telephone Number)				
Finclosed please find a check made payable to the Florida Department of State for: \$2.525 Filing Fee				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 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)

1. The name of the	limited liability company as it appears	on the records of the Florid	la Department
of State is: $\frac{\hat{Y}}{\hat{Y}}$	LAM BRADENTON.	uc	
2. The Florida doc	ument/registration number assigned to t	his limited liability compar	ıy is:
_ L 1300	12699		
3. The date this me	ember/manager withdrew/resigned or wi	ill withdraw/resign is: 5	<u>-93-301</u> 8
4.1. TELES	EBROWN MCKAY here iame of Person Resigning)	by withdraw/resign as a	
MGM	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the limited li iting.	iability company has been n	otified of my
;			•5
	ssociating Member or Resigning Mana \$25.00 (Required)	ger 30	
Certified Copy:	\$30.00 (Optional)	Con.	