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| | (Requestor's Name) | | |
|---|--------------------------|--------|--|
| | (Address) | | |
| <u> </u> | (Address) | | |
| | (City/State/Zip/Phone #) | | |
| PICK-U | WAIT | MAIL | |
| | (Business Entity Name) | | |
| (Document Number) | | | |
| Certified Copies | Certificates of | Status | |
| Special Instructions to Filing Officer: | | | |
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LLC Member Risasp

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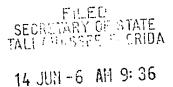
 $236\ East\ 6th\ Avenue\$. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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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 S VENTURE GROUP LL | s it appears on the records of the Florida Department |
|--|--|---|
| 2. The Florida doc | - | ssigned to this limited liability company is: |
| DEEDAKI | DATEL | signed or will withdraw/resign is: 5/27/14, hereby withdraw/resign as a |
| MGR | (Print Title) | |
| of this limited lia resignation in wr | | ne limited liability company has been notified of my |
| De | refuty. | · |
| Signature of Di | issociáting Membér or Resig | ming Manager |
| | \$25.00 (Required) \$30.00 (Optional) | |