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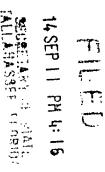
stor's Name)				
(Address)				
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WAIT MAI	IL			
(Business Entity Name)				
nent Number)				
Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

SUBJECT: Productive Alternatives LLC				
(Name of Li	mited Liability Co	mpany)		
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for	filing.	
Please return all correspondence concerning	g this matter to:			
James Pierc Fawthrop				
(Contact Person)		······		•
Productive Alternatives LLC.				
(Firm/Company)				
2506 Lang Avenue				
(Address)				
Orange Park, FL. 32073			ALL	14 SE
(City/State and Zip Code)			in IT	P -
For further information concerning this mat	tter, please call:			1 PH 4: 11
James Pierc Fawthrop	904 at (524-0563		. <u>:</u> -
(Name of Contact Person)	\	e & Daytime Telepho	ne Numb er)	మ

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Productive Altrenatives LLC.				
2. The Florida doc	· ·	igned to this limited liability company is:		
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/resign is:		
James Pierc Faswthrop		, hereby withdraw/resign as a		
Owner/Mana				
	(Print Title)			
resignation in w		limited liability company has been notified of my 8-27-2014 ing Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			