L13000041579

(Re	equestor's Name)			
(Ad	ldress)	_		
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #1		
	-	MAIL		
(Ві	ısiness Entity Nan	ne)		
		•		
(Do	ocument Number)			
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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OCT 3 1 2013

T. BROWN

COVER LETTER

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mited Liability Cor	mpany)
or manager resig	nation and fee(s) are submitted for
g this matter to:	
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79	
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tter, please call:	
_{at (} 352	427-0800
(Area Code	& Daytime Telephone Number)
	Department of State for:
u :	\$55 Filing Fee & Certified Copy
	MAILING ADDRESS:
	Registration Section
	Division of Corporations
	P.O. Box 6327 Tallahassee, Florida 32314
	mited Liability Coror manager resign g this matter to: 79 tter, please call: at (352 (Area Code

CR2E079 (5/06)

Tallahassee, Florida 32301





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is: 352	• • •	it appears on the records of the	he Florida Department
2. This limited liab Florida	ility company was organized	under the laws of:	
3. The Florida doct L130000415	•	this limited liability compan	y is:
4. I, Michael Wh	iteman	, hereby resign as a MG	BR
(Print N	ame of Person Resigning)	, , , , , , , , , , , , , , , , , , , ,	(Print Title)
of this limited lia resignation in wr	• •	e limited liability company ha	as been notified of my
WPI			
Signature of Resi	gning Member, Managing M	ember or Manager	
_	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		