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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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T. HAMPTON

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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATIO	n of member	. MANA(	GING MEM	BER OR M	ANAGER	
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1. The name of the li	imited liability comp	any as it app	ears on the reco	ords of the Flo	rida Department	;
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USA, FLorida	)		•			
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