L13000051486

(R	equestor's Name)					
(Address)						
(Ar	ddress)					
(C	ity/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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(LC MM/RES 12-3-14

COVER LETTER

TO:	_	stration Section sion of Corporations						
SUBJ	ECT:							
		(Name of Limited Liability Company)						
The en	nclosed	d member, resignation or dissoc	ciation and fee(s	a) are submitted for filing.				
Please	e return	all correspondence concerning	this matter to:					
Jamie	e Maitl	and						
		(Contact Person)		_				
		(Firm/Company)		-				
6001	NE 19	7 Terrace						
		(Address)		_				
Fort l	Laude	rdale, FL 33308						
		(City/State and Zip Code)						
For fu	ırther ir	nformation concerning this mat	ter, please call:					
Jamie	e Maitl	and	954	907 0927				
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)				
	sed ple 5 Filing	ase find a check made payable g Fee		Department of State for: 3 Fee & Certified Copy				
Regist Divisi Clifto 2661 1	tration ion of C n Build Execut	OURIER ADDRESS: Section Corporations ling ive Center Circle 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)

	limited liability company as	s it appears on the records of the	e Florida Departmen
2. The Florida doc 1000051486	ument/registration number a	ssigned to this limited liability	company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign i	s:
1 2 A 1			
(Print N	Name of Person Resigning)	, hereby withdraw/resign	us u
Managing Me			
	(Print Title)		
of this limited lia resignation in wr		he limited liability company has	s been notified of my
Signature of D	issociating Member or Resig	gning Manager	S T
	\$25.00 (Required) \$30.00 (Optional)		FILED W 18 PH 4: 3