## 1130000053673

	(Requestor's Name)	
(	Address)	
(	Address)	
(	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
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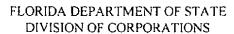
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SECRETARY OF STATE
TALLAHASSEE PLOSE

O SIMMONS AUG () 2 2018







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

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it appears on the records of the Florida Departme
2. The Florida doc L1300005367	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, WILLIAM J.	WEST, JR. SR., hereby withdraw/resign as a wame of Person Resigning)
MGRM	
<del></del>	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of miting.
Was	J W.
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)