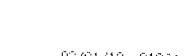
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COVER LETTER

Division of Corporations **CREATIVE 79 LLC SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: ROBERT M HUGHES (Contact Person) **CREATIVE 79 LLC** (Firm/Company) 1609 SHEFFIELD PARK CT (Address) JACKSONVILLE, FL 32225 (City/State and Zip Code) For further information concerning this matter, please call: ROBERT HUGHES (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

TO:

Registration Section

MAILING ADDRESS:

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



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	it appears on the records of the Florida Department
2. The Florida doct	_	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:
LINDA M HUGHES		, hereby withdraw/resign as a
MGR		
	(Print Title)	
of this limited lia resignation in wr	*. *	e limited liability company has been notified of my
Signature of Dissociating Member or Resigning Manager		ning Manager
-	\$25.00 (Required) \$30.00 (Optional)	FH 3: