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SECRETARY OF STATE



COVER LETTER

Division of Corporations	
SUBJECT: Subject of Limited I	Liability Company)
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Gamela Dunn (Contact Person)	·
Siestaras. Com (Firm/Company)	
136 Camella Street (Address)	
No Komus 7L 34275 (City/State and Zip Code)	
For further information concerning this matter, p	
(Name of Contact Person) at (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (12/13)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company				ırtment
2. The Florida docu	nment/registration number		oility compa	any is:	
3. The date this me	mber withdrew or will wi	thdraw is:	5-30	0-2014	
4. I, <u>Same</u> (Print N	la Dunn ame of Person Resigning)	, hereby res	sign as a	Manager (Print Aile)	
of this limited lial resignation in wri	oility company and affirm ting.	the limited liability	y company	has been notified	of my
	Paa. Dunesigning or Dissociating			2014 JUN SECRE TALLAHI	7
_	\$25.00 (Required) \$30.00 (Optional)			HASSEE, FLORI	