## L130000 97 F91

(Re	equestor's Name)			
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Bu	usiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
l				

Office Use Only



100280121841

01/04/16--01007--007 \*\*25.00



JAN 05 2016 J SHIVERS



## 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)

	e limited liability company as	it appears on the records of	the Florida Department
2. The Florida doc	ument/registration number as	ssigned to this limited liabili	ty company is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resig	12/1/2015 en is:
CDINHVAC &	4 A TO TO A L L		
4. I, (Print Name of Person Resigning), hereb			
MANAGER			16.
(Print Title)			HAS AN
of this limited lia resignation in w	ability company and affirm thriting.	ne limited liability company	
ZNO	Jdr-		F) 7:36 STATE ORIDA
Signature of D	issociating Member or Resig	ning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		