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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 DEC -1 PH 3: 26

DEC - 9 2014 T. CARTER

COVER LETTER

	egistration Section ivision of Corporations	
SUBJEC	T:(Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please ret	urn all correspondence concerning this matter to:	
LAU	Contact Person)	
(A	e envy ll c	
1090	Pinellas Bayway S (#1 (Address)	
Tie	City/State and Zip Code)	
For further information concerning this matter, please call:		
Hau	(Name of Contact/Person) at (727) 612-4776 (Area Code & Daytime Telephone Number)	
Enclosed \$25 Fi	please find a check made payable to the Florida Department of State for: ling Fee \$\sum \$55 \text{ Filing Fee & Certified Copy}\$	

STREET/COURIER ADDRESS:

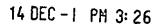
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

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

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA





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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is:
2. The Florida document/registration number assigned to this limited liability company is:
<u>113000105324</u>
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11.20.14
4. I, ANTHONY MARTIN , hereby withdraw/resign as a (Print Name of Person Resigning)
MGR (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)