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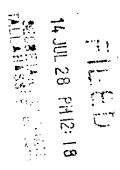
(Requestor's Name)				
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PICK-UP WAIT MAIL				
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(Document Number)				
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07/28/14--01015--016 **125.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 2513 Grassy Point # 205, U.C. (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:
Michael Aldrich (Contact Person)
(Firm/Company)
980 Las Flores Way
Orlando FL 32804 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael Adrich at (407) 770-9760 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\text{\$\frac{1}{2}}}\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$

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



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 Flo	rida Department
of State is: _ 2	513 Grassy Porot #	JOS, LLC	·
2. The Florida doc	ument/registration number assig	gned to this limited liability comp	pany is:
L1300	0 109474	·	
3. The date this me	mber/manager withdrew/resign	ned or will withdraw/resign is:	6/30/14
4. I, Arnad A	IORICK Jame of Person Resigning)	, hereby withdraw/resign as a	
Monging M	Pember . (Print Title)		
of this limited lia resignation in wr		imited liability company has been	n notified of my
Arall C)	idd		14 JUL 28
Signature of Di	issociating Member or Resignin	ng Manager	28
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		