L13000 120725

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
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LLC Member Resign

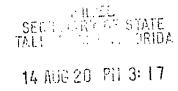
AUG 2.8 2014 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DISCOUNT DIRECT, LLC		
(Name of Limited	l Liability Cor	npany)
The enclosed member, resignation or dissociation	on and fee(s	a) are submitted for filing.
Please return all correspondence concerning thi	s matter to:	
MICHAEL G TOWNSEND		
(Contact Person)		_
DISCOUNT DIRECT, LLC		
(Firm/Company)		_
1873 FOURAKER RD		
(Address)		_
JACKSONVILLE, FL 32221		
(City/State and Zip Code)		_
For further information concerning this matter,	please call:	
MICHAEL G TOWNSEND	904	520-6897
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)





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 docu L13000120725	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
CLIAD I MAC	
(Print N MEMBER	ame of Person Resigning)
((Print Title)
of this limited lial resignation in wri	polity company and affirm the limited liability company has been notified of my ting. Marris
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)