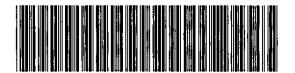
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TALLAHASSEE, FLORIG

T. Burch JAN 17 and



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT.	SI6N, LLC nited Liability Company)
The enclosed member, resignation or dissoc	
Please return all correspondence concerning	this matter to:
William C. Anderson	
(Contact Person)	
(Firm/Company)	
III EAST Monument Are	Suite 335
(*13335),	
Kissimmee, 72 34741 (City/State and Zip Code)	
For further information concerning this mate	ter, please call:
Chad Amberson	at (407) 488-2148 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	<u>-</u>
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	,

CR2E079 (12/13)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florid	TALLED	≓ in∰aner	nt I
of State is: ROI DEST 6N, LLC	ETARY HASSE	2	· COLUMN
2. The Florida document/registration number of this limited liability company is:	OF STATE E. FLORIDA	PM 12: 56	
3. The date this member withdrew or will withdraw is: 12/31/13		·	
4. I, D. S. Webster , hereby resign as a M. (Print Name of Person Resigning) (Print	oR W Title)	1	
of this limited liability company and affirm the limited liability company has been n resignation in writing.	otified	of my	ý
Signature of Resigning or Dissociating Manager, Member			
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)			