

L13000134747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

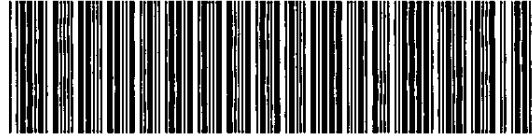
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 DEC 14 P 3:29

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DEC 15 2015
D. BRUCE



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: CENTER CONSULTING AMERICA, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L13000134747

3. The date this member/manager withdrew/resigned or will withdraw/resign is:
PETER ILLES

4. I, PETER ILLES, hereby withdraw/resign as
(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)

2015
DEC 14 P 3: 29
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