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COVER LETTER

TO:

CR2E079 (2/14)

TO:	_	stration Section ion of Corporations					
GLID I		Simenauer & Frank Liter	ary Agency Ll	.C			
SUBJI	ECT:	(Name of Limited Liability Company)					
The er	nclosed	l member, resignation or dis	sociation and fe	ee(s) are submitted for filing.			
Please	return	all correspondence concern	ing this matter t	to:			
Jacqu	ueline	Simenauer					
		(Contact Person)					
Sime	nauer	& Frank Literary Agency	LLC				
		(Firm/Company)					
P. O.	Box 1	12735					
		(Address)					
Naple	es FL						
		(City/State and Zip Code)		····			
For fu	rther ir	nformation concerning this n	natter, please ca	11:			
Jacqu	ueline	Simenauer	239 at (597-9877			
	(N	ame of Contact Person)	(Area Co	ode & Daytime Telephone Number)			
Enclos	_	ase find a check made payab Fee		a Department of State for: ing Fee & Certified Copy			
		OURIER ADDRESS:		MAILING ADDRESS:			
_		Section Corporations		Registration Section Division of Corporations			
Cliftor				P.O. Box 6327			
		ve Center Circle		Tallahassee, Florida 32314			
Tallah	assee,	Florida 32301		, ·			



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 a	as it appears on the records of the Flo	orida Department
2. The Florida docu	ument/registration number	assigned to this limited liability com	ipany is:
L1300013670	7		
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is:	08/31/2014
4. I,	Frank	, hereby withdraw/resign as a	
	ame of Person Resigning)	, nercoy withdraw/resign as a	
Member			
· · · · · · · · · · · · · · · · · · ·	(Print Title)		
of this limited lia resignation in wr		the limited liability company has bee	en notified of my
	JP. Grank		
Signature of Di	ssociating Member or Res	igning Manager	
J			אַנוּ אַנוּ 1 ג
Filing Fee:	\$25.00 (Required)		SEF CRE .AH.
Certified Copy:	\$30.00 (Optional)		S ¥