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AUG 1 9 2014 C. CARROTHERS

COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: PANTHLON P.	ARTNERS LLC ited Liability Company)		
(Name of Lim	ned Liability Company)		
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to:		
KEN DOLAN			
(Contact Person)			
(Firm/Company)			
100 SOUTH U.S.	HIGHWAY 1, UNIT304		
JUPITED FL. (City/State and Zip Code)	33477		
For further information concerning this matter	er, please call:		
(Name of Contact Person)	at (56) 5/2.1911 (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for: ☐ \$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		

Tallahassee, Florida 32314

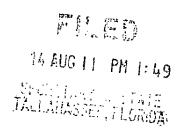
CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301







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

(Pursuant to 605.0216, Florida Statutes)

1. The na	ame of the li	mited liability compa	any as it appears on the records of the Florida Department
of Star	te is:	PANTHEON	PARTNERS LLC
2. The Fl	lorida docun	nent/registration num	nber assigned to this limited liability company is:
	L130	00013730	<u>23</u> .
3. The da	ate this mem	ber manager withdre	ew resigned or will withdraw/resign is: My. 6, 2014
4. I,	KEN		, hereby withdraw/resign as a
	MAI	NAGER (M.	(GR)
	limited liabi	• •	firm the limited liability company has been notified of my
resigna	ation in writi	Dolan	
Sign	ature of Diss	sociating Member or	Resigning Manager
Filing Fe		\$25.00 (Required) \$30.00 (Optional)	