Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000036862 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

JAN DI 122

From:

Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P.A.

Account Number : I19980000057 Phone : (850)973-4166 Fax Number : (850)973-2564

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SORENSEN, SMITH & BAY LLC

4 4 4 4 4 4 4 4 4 4	
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

K. SALY FEB 1 2018

Electronic Filing Menu

Corporate Filing Menu

Help

(((H18000036862 3)))



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 as	opears on the records of the Florida Department
of State is: SORENSEN, SMITH & BAY LLC	
2. The Florida document/registration number assign	ed to this limited liability company is:
3. The date this member/manager withdrew/resigns	d or will withdraw/resign is:
4. 1, MICHAEL J. BAY (Prim Nums of Person Resigning)	ے hereby withdraw/resign as a
(Prim Nums of Person Resigning)	
MANAGING MEMBER & MEMBER	
(Prim Tule)	
of this limited liability company and affirm the litering resignation in writing.	nited liability company has been notified of my
1. Vichael Bary	Manager
Signature of Dissociating Member or Resigning	i traimber
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	
CK3E033 (3/14)	
	(((H180C0036862 3)))