

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.

(((H16000147402 3)))



H180001474023ABCZ

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

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : I20040000167 Phone : (305)377-0809

Fax Number : (305)377-0781

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

Email Address: iirizarry@pbyalaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
 02

 Estimated Charge
 \$25.00

THE JUN 16 A ID: 35

Electronic Filing Menu

Corporate Filing Menu

Help

ONH 17 YOU'S

Fax Audit No. H16000147402 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 of State is:	limited liability company as roup, LLC	it appears on the records o	f the Florida Department
2. The Florida doct	ument/registration number as 6	ssigned to this limited liabi	lity company is:
7 The data this ma	mhar/managar withdraw/ma	inned or will withdeau/reai	ion is: 06/03/2016
3. The date this member/manager withdrew/resigned 4. I, (Print Name of Person Resigning)		, hereby withdraw/res	
	lame of Person Resigning) Managar		
(Print Title)			
of this limited lia resignation in wr	bility company and affirm th iting.	e limited liability company	æ
Signature of Di	ssociating Member or Resig	ning Manager	2016 JUN 1
	\$25.00 (Required) \$30.00 (Optional)		IL A ID 35 SEE FLORIDA

CR2E079 (2/14)