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(Requestor's Name)				
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SEP. 26 2014

R. WHITE

COVER LETTER

Division of Corporations		
SUBJECT: 595 CAZZ (Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
(Contact Person)		
(Firm/Company)		
1880 SW 55 Ave (Address)		
RANTATION II 33317 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (954) 336 9044 (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\frac{1}{2}\$\$ \frac{1}{2}\$\$ Filing Fee & Certified Copy		

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

TO:

Registration Section



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FAULT FACT OF STATE

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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: 595		appears on the records of the Florida Department
2. The Florida doc	ument/registration number assi	gned to this limited liability company is;
L 13000167345		may.ke
3. The date this me	ember/manager withdrew/resig	ned or will withdraw/resign is: AUG_8, 2014
Bichard Carmichael		, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	
Manager/Mer	mber	
	(Print Title)	
of this limited lia resignation in w		limited liability company has been notified of my
Signature of D	issociating Member or Resigni	ng Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	