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(Re	equestor's Name)		
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SECRETARY OF STATE
ALL AHASSEE, FLORID

MAY 2 1 2014 C. CARROTHERS

COVER LETTER

TO:

CR2E079 (2/14)

TO:	Registration Section Division of Corporations		
SUBJ			
	(Name of Limit	ted Liability Con	npany)
The en	nclosed member, resignation or dissocia	ation and fee(s	s) are submitted for filing.
Please	e return all correspondence concerning t	his matter to:	
AND	ERSON CASTRO		
	(Contact Person)		_
ACP/	4		
	(Firm/Company)		_
2103	CORAL WAY SUITE 800		
	(Address)	····	_
MIAN	ЛI, FL 33145		
	(City/State and Zip Code)		_
For fu	orther information concerning this matte	r, please call:	
AND	ERSON CASTRO	305 at (371-3993
	(Name of Contact Person)		& Daytime Telephone Number)
1 /	sed please find a check made payable to 5 Filing Fee		Department of State for: g Fee & Certified Copy
Regis Divisi Clifto 2661	tration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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)

N52	e limited liability company as it appears on the records of the Florida I 24MA LEASING, LLC	Department
of State is:		
2. The Florida doc L1300016858	cument/registration number assigned to this limited liability company i	SECRETARY IS
Joshua Birm	4-28-2 ember/manager withdrew/resigned or will withdraw/resign is: ningham , hereby withdraw/resign as a	PH 2: 27 05 STATE 0110RIDA
(Print N President	, hereby withdraw/resign as a Name of Person Resigning)	
	(Print Title)	
resignation in wr	ability company and affirm the limited liability company has been noti riting. Prissocrating Member or Resigning Manager	fied of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	