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COVER LETTER

Division of Corporations				
SUBJECT: CONSUME LLC (Name of Limited Liability Company)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
Kns Wessel (Contact Person)				
FABRIK CCC. (Firm/Company)				
2645 Halissee St.				
Micui, Fl. 33133 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Kr.s Wesser at 305, 322-2490				
(Name of Contact Person) (Area Code & Daytime Telephone Number				
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\$\text{\$\exitit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\				
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 (12/13)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it a		he Florida Department
of State is:	CONSUME	LLC.	
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	nent/registration number of thi	- -	ıy is:
	1000170496	.	
		_	
3. The date this men	iber withdrew or will withdray	v is: \ \ ~ 28	- 14
1-00	ey Voughow me of Person Resigning)		100 C O 100
4. I, <u>JETTY</u>	ey voughan	, hereby resign as a	ANTOKANI
(Print Na	me of Person Resigning)		(Print Title)
of this limited liabi	lity company and affirm the li	mited liability company h	as been notified of my
resignation in writi	ing.		
~ 1			
(Y U) 129	Voludly		
Signature of Res	igning or Dissociating Manag	er Member	
Signature VI 1763	ighting of pissociating trianag	oi, ivicinoci	
/			$\frac{1}{2}$
Filing Foot	\$25 00 (Begins d)		The pas
Certified Copy:	\$25.00 (Required)		- 7.
Confide Copy.			10.5
			Sn: F