

L140000000264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32302

Mgmt Resignation

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Power Pros, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jim Farah

Name of Person

The Farah Law Group

Firm/Company

6550 St. Augustine Road, Suite 103

Address

Jacksonville, Florida 32217

City/State and Zip Code

jim@farahlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Farah

at (**904**)

443-0060

Name of Person

Area Code

Daytime Telephone Number

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

CR2E138 (2/14)

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TALLAHASSEE
SECRETARY OF STATE



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)

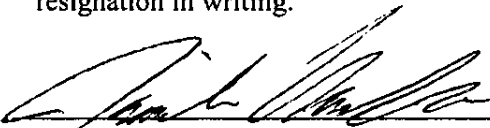
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Florida

2. The Florida document/registration number assigned to this limited liability company is:
L14000000264

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/31/2014

4. I, Jeremy Venables, hereby withdraw/resign as a
(Print Name of Person Resigning)
Managing Member & Member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA