LYWWD 3W3

| (Reque | estor's Name) | |
|------------------------------|----------------|---------------------------------------|
| (Addre | ess) | |
| (Addre | ess) | · · · · · · · · · · · · · · · · · · · |
| (City/S | tate/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Busin | ess Entity Nar | ne) |
| (Docu | ment Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fili | ng Officer: | |
| | | |
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Office Use Only



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FEB 1 4 2017 S. YOUNG FILEU SECRETARY OF STATE FALLAHASSEE, FLORIU,

TALLAHASSEE, FLORID



contact@flpatellaw.com

360 Central Avenue

Tel: 727.279.5037

Suite 800

Fax: 727.888.1294

Saint Petersburg, Florida 33701

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

February 3, 2017

To whom it may concern:

Enclosed is an original and (1) copy of the Resignation of Member and Check # # for .00 for filing fee. \$25.00 for filing fee.

If there are any issues, please contact:

Attorney:

Kalpesh J. Patel

Firm:

FL Patel Law PLLC

Address:

360 Central Avenue, ste 800

City, State & Zip:

St. Petersburg, Florida 33701

Phone:

727-279-5037

E-mail:

kalpesh@flpatellaw.com

Very truly yours,

Kalpesh J. Patel

Attorney and Counselor at Law

Kalpesh J. Patel, Esq.



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)

| 2. The Florida document/registration number assigned to | o this limited liability company is: |
|--|---|
| L14000008008 | |
| . The date this member/manager withdrew/resigned or | will withdraw/resign is: |
| Brittany L. Bell | wahu withdraw/rasion as a |
| . I,, he (Print Name of Person Resigning) | neby withdraw/resign as a |
| Owner | |
| (Print Title) | Ü̈́F |
| of this limited liability company and affirm the limited resignation in writing. | liability company has been notified of my |
| 2 rette Rell | P# အ့ |
| Signature of Dissociating Member or Resigning Mar | nager |

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