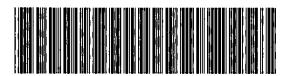
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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL.		
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NOV 10 2015 N. CAUSSEAUX

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: FLUID HIR CONCE	FPTS UC nited Liability Company)
The er	nclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to:
	SA/ CCOPER (Contact Person)	
	(Firm/Company)	
502	2-6 HHNGINGMOSS (ANG (Address)	
_SA	HLHSOTA FC 34238 (City/State and Zip Code)	
For fu	rther information concerning this matt	er, please call:
	(Name of Contact Person)	at (<u>A(I)</u>) <u>284 3866</u> (Area Code & Daytime Telephone Number)
	sed please find a check made payable (Filing Fee	to the Florida Department of State for: \$\square\$ \$\square\$ \$\square\$ \$\square\$ \$\text{Filing Fee & Certified Copy}\$
Regist Division Clifton 2661 I	ET/COURIER ADDRESS: cration Section on of Corporations n Building Executive Center Circle cassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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 o	f the Florida Department
of State is:F	LUID AIR CONCE	PTS LLC	•
2. The Florida docu	ment/registration number as	ssigned to this limited liabil	lity company is:
<u> 14000</u>	000 8367	·	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resi	gn is: 11/1/2015
4. I, JABEZ (Print No.	ame of Person Resigning)	, hereby withdraw/res	ign as a
AMBR	(Print Title)		
of this limited lial resignation in wri	oility company and affirm th	e limited liability company	has been notified of my
Mh			
Signature of Di	ssociating Member or Resig	ning Manager	15 N T
	\$25.00 (Required) \$30.00 (Optional)		N-9 MIII: