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(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
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(Doc	cument Number)	
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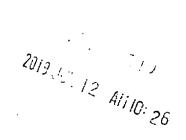
CR2E079 (2/14)

Division of Corporations

TO:

BRIGHT BEGINNINGS OF DELTONA LLC SUBJECT: (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: **CONCETTA PISA GRIGGS** (Contact Person) BRIGHT BEGINNINGS OF DELTONA LLC (Firm/Company) 2955 ENTERPRISE RD. SUITE 112 (Address) **DEBARY**, FL 32713 (City/State and Zip Code) For further information concerning this matter, please call: CONCETTA PISA GRIGGS (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle 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)

	e limited liability company GHT BEGINNINGS OF I	as it appears on the records of the Florida Department DELTONA LLC
2. The Florida doc	cument/registration number	assigned to this limited liability company is:
L1400001821	15	
		esigned or will withdraw/resign is:
4. I,	Muna of Parson Resigning)	, hereby withdraw/resign as a
MANAGER	vaine of t erain nesigning,	
	(Print Title)	
of this limited lia resignation in w		the limited liability company has been notified of my
	niggs Jr.	
Signature of D	issociating Member or Res	igning Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	