U400099429

(Requestor's Name)						
(Address)						
(Address)						
(Cit	y/State/Zip/Phon	e #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificate	s of Status				
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SECRETARY OF STATE

DEL A. 8/00];

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ			
	(Name of Limite	d Liability Con	npany)
The e	nclosed member, resignation or dissociation	ion and fee(s) are submitted for filing.
Please	e return all correspondence concerning th	is matter to:	
RAC	HEL MCCLARA		
	(Contact Person)		-
MS F	RACHEL TAX SERVICE		
	(Firm/Company)		-
416 1	N HARBOR CITY BLVD		_
	(Address)		
MELI	BOURNE FL 32935		
	(City/State and Zip Code)		-
For fu	rther information concerning this matter,	please call:	
RAC	HEL MCCLARA	321	7511377
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payable to to Filing Fee		repartment of State for: Fee & Certified Copy
Regist	CET/COURIER ADDRESS: tration Section		MAILING ADDRESS: Registration Section
	on of Corporations		Division of Corporations
	n Building Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314
	lassee, Florida 32301		1 ananassee, 1 mnua 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 £4b	- 1::44-1::1:4	. ia	da Danaminani
	• •	s it appears on the records of the Flori	аа Бераптепт
of State is: MS	RACHEL TAX SERVICE		
	cument/registration number a	ssigned to this limited liability compa	ıny is:
			101114
3. The date this m	ember/manager withdrew/res	igned or will withdraw/resign is: 10/	U 1/ 14
, JESSICA L	AWSON	harahu with draw/ragion as a	
4. 1,	Name of Person Resigning)	, hereby withdraw/resign as a	
AMBR			
	(Print Title)		
of this limited li	ability company and affirm th	ne limited liability company has been	notified of my
resignation in w	riting.		
pare la	wan		
Signature of I	Dissociating Member or Resig	ning Manager	SEURI TALLAI
Filing Fee:	\$25.00 (Required)		C – HAS
Certified Copy:	\$30.00 (Optional)		တို့သူ ထ