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	Division of Corporations Fax Number : (850)617-6383		
From:			
	Account Name : MICHAEL J. FREE	MAN, P.A.	
	Account Number : 072720000142 Phone : (305)442-1567		
	Fax Number : (305)442-1227		
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Help

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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 of State is:	limited liability company as it a	appears on the records of the Florida Department of the Florida Depart	ient
2. The Florida doc L1400003147	ument/registration number assig	ned to this limited liability company is:	27 新 8
		ed or will withdraw/resign is: 03/22/2017, hereby withdraw/resign as a	15. 12 8: 12
MANAGER	(Print Title)		
of this limited lia resignation in wr	• •	mited liability company has been notified of	my
Signature of D	ssociating Member or Resignin	g Manager	
	\$25.00 (Required) \$30.00 (Optional)		

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