# L14000068772

(Re	questor's Name)	<u>,                                      </u>	
(Ad	dress)		
(Ad	dress)		
 (Cit	y/State/Zip/Phone ≉	¥)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Name	9)	
(Document Number)			
Certified Copies	_ Certificates o	of Status	
Special Instructions to Filing Officer:			

Office Use Only



800261385548

06/19/14--01006--011 \*\*25.00

SECRETARY OF STATE OIVISION OF CORPORATIONS

C. LES 1915 3 2014

### " COVER LETTER

y Company)
fee(s) are submitted for filing.
r to:
<del></del>
<del></del>
***************************************
call:
776-2982
Code & Daytime Telephone Number)
da Department of State for: iling Fee & Certified Copy
MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (2/14)



#### FYLED SECRETARY OF STATE DIVISION OF CORPORATIONS

14 JUN 19 PM 3: 53

## 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)

	limited liability company as it	appears on the records of the Florida Department
2. The Florida docu L1400006877	•	igned to this limited liability company is:
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/resign is: 6/17/2014
4. 1, CHARLES LACOTERA  (Print Name of Person Resigning)		
MANAGER		
	(Print Title)	
of this limited lia resignation in wr		limited liability company has been notified of my
Signature of Di	issociating Member or Resigni	ng Manager
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	