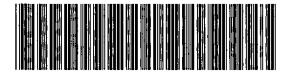
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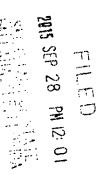
| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (Address) | | | | |
| | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
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| /P: | siness Entity Nar | ma\ | | |
| (Du | isiness ⊏nuty Nar | riej | | |
| | | | | |
| (Do | cument Number) | | | |
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| Certified Copies | _ Certificates | s of Status | | |
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| Special Instructions to | Filing Officer: | | | |
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TO:

CR2E079 (2/14)

| TO: | _ | stration Section sion of Corporations | | | |
|--------|-------------------------------------|---|------------------|---|--|
| SUBJ | Crowning Point Products I.I.C | | | | |
| | (Name of Limited Liability Company) | | | | |
| The e | nclosed | d member, resignation or dissoci | ation and fee(s |) are submitted for filing. | |
| Please | e return | all correspondence concerning | this matter to: | | |
| Mary | Reid | • | | | |
| | | (Contact Person) | | - | |
| Crow | ning P | Point Products LLC | | | |
| | | (Firm/Company) | | - | |
| 3100 | N Oce | ean Blvd. #1803 | | | |
| | | (Address) | | - | |
| Fort l | _audei | rdale, Fl. 33308 | | | |
| | | (City/State and Zip Code) | | - | |
| For fu | ırther ir | nformation concerning this matt | er, please call: | | |
| Mary | Reid | | 248 at (| 310-7800 | |
| | (N | ame of Contact Person) | | & Daytime Telephone Number) | |
| | sed ple 5 Filing | ease find a check made payable t g Fee | | epartment of State for: Fee & Certified Copy | |
| | | OURIER ADDRESS: | | MAILING ADDRESS: | |
| - | | Section Corporations | | Registration Section Division of Corporations | |
| | n Buile | - | | P.O. Box 6327 | |
| | | ive Center Circle | | Tallahassee, Florida 32314 | |
| | | Florida 32301 | | | |



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 as it appe wning Point Products LLC | ars on the records of the Florida Department |
|--------------------------|--|--|
| | eument/registration number assigned | to this limited liability company is: |
| <u> </u> | 10081768 | |
| 3. The date this mo | ember/manager withdrew/resigned o | will withdraw/resign is: |
| 4. I, George Kurt | z , h | ereby withdraw/resign as a |
| · | Name of Person Resigning) | |
| Member | | |
| | (Print Title) | |
| resignation in w | riting. | d liability company has been notified of my |
| Signature of D | issociating Member or Resigning M | anager |
| profession of the second | | |
| Filing Fee: | \$25.00 (Required) | |
| Certified Copy: | \$30.00 (Optional) | |