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SECRETARY OF STATE
TALLALISSES, LORDA

FEB 0 8 2016

S. YOUNG

## **COVER LETTER**

TO: Registration Section **Division of Corporations Easy Transition Advisors** 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: Luan Morrow (Contact Person) **Easy Transition Advisors** (Firm/Company) 5416 First Ave West (Address) Bradenton, FL 34209 (City/State and Zip Code) For further information concerning this matter, please call: **Luan Morrow** (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 **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 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 name of the	limited liability company a	as it appears on the records of	of the Florida Department
of State is: Easy	Transition Advisors		
	-	assigned to this limited liab	ility company is:
L1400008696	8		
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/res	ign is:
4. I, Laura Fernar	ndez	, hereby withdraw/res	sign as a
(Print N	ame of Person Resigning)	•	•
manager			
	(Print Title)		
of this limited lia resignation in wr		he limited liability company	y has been notified of my
\ //		Л	≅ <b>∺ 6</b>
Xams	turan	also-	
Signature of Di	ssociating Member or Resi	gning Manager	
			R D
-	\$25.00 (Required)	V	
Certified Copy:	\$30.00 (Optional)		見用 太