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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer	
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: (Name of Limited Liability O	spleLLC.		
The enclosed member, resignation or dissociation and fee			
Please return all correspondence concerning this matter to	o:		
Lea Ann Riley (Contact Person)			
Once Move Resole LLC (Firm/Company)			
Newaddless: 4255,5045+.			
TAMPAFL 33619 (City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Contact Person) at (32) (Area Co	L) 643-3459 de & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida \$25 Filing Fee \$55 Fili	n Department of State for: ng Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301







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 as it appears	on the records of the Florida Department
of State is: Once More Resc	rle LLC
2. The Florida document/registration number assigned to the	his limited liability company is:
L14000104660	
3. The date this member/manager withdrew/resigned or wi	ll withdraw/resign is: 6/1/17
4. I, MUNAEL J GOWER, herel	
Manager (Frant Title)	
of this limited liability company and affirm the limited liability resignation in writing.	ability company has been notified of my
X ///	
Signature of Dissociating Member or Resigning Manag	ger
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	