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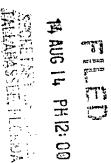
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AUG 2 0 2014

C. CARROTHERS

## **COVER LETTER**

_	stration Section sion of Corporations				
SUBJECT:	Appliance Warehouse of	Cocoa LLC			
oodjier.	(Name of I	(Name of Limited Liability Company)			
The enclosed	d member, resignation or disse	ociation and fee(s	) are submitted for filing.		
Please return	all correspondence concerning	ng this matter to:			
Robert Sch	enk II				
	(Contact Person)		-		
Appliance 1	Warehouse of Cocoa				
	(Firm/Company)		-		
965 N Coc	oa Blvd				
	(Address)		-		
Cocoa FI 3	2922				
-	(City/State and Zip Code)		_		
For further i	nformation concerning this m	atter, please call:			
Robert Sch	enk II	321	635-8700		
(N	lame of Contact Person)		& Daytime Telephone Number)		
Enclosed ple \$25 Filing	ease find a check made payabl g Fee		Pepartment of State for: Fee & Certified Copy		
	OURIER ADDRESS:		MAILING ADDRESS:		
Registration			Registration Section		
	Corporations		Division of Corporations P.O. Box 6327		
Clifton Build	aing tive Center Circle				
	Florida 32301		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)

	limited liability company as iance Warehouse Of Coc	it appears on the records of the Flo	orida Depa	rtmen	ıt
	ument/registration number as	ssigned to this limited liability com	pany is:	·	•
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is: _	8/08/2014	4	
4. I, Robert Schenk  (Print Name of Person Resigning)  MGR		, hereby withdraw/resign as a			
-	(Print Title)				
of this limited lial resignation in wr		e limited liability company has bee	n notified	of my	,
Signature of Di	ssociating Member or Resign	ning Manager		15 AUG	0124
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		HASSEE FLO	SIMA TIST	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2