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(Requestor's Name)			
(Address)			
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·	
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PICK-UP	☐ WAIT	MAIL	
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OWNSIGN OF CHEST WILEYS

C456

COVER LETTER

TO: Registration Section Division of Corporations	
YESHUA YIREH LLC	
	ed Liability Company)
The enclosed member, resignation or dissociate	ion and fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to:
WANDA Y CABALLERO	
(Contact Person)	
YESHUA YIREH LLC	
(Firm/Company)	
4735 RED PINE WAY	
(Address)	
WESLEY CHAPEL, FL 33545	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
	at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327

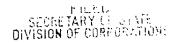
Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301





15 APR 13 PM 4: 09

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 a	ppears on the records of the Florida Department.
2. The Florida doc		ned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigne	d or will withdraw/resign is: 3/1/2015
4. I,	UGO	_, hereby withdraw/resign as a
	Name of Person Resigning)	<u>_</u> ,,
AUTHORIZE	ED REPRESENTATIVE	
	(Print Title)	
of this limited lia resignation in w		nited liability company has been notified of my
110	MAJCHAO	
Signature of D	Dissociating Member or Resigning	Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	