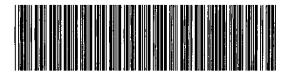
44000151186

•			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, , ,			
(Document Number)			
,			
Certified Copies Certificates of Status			
Certifical Copies			
Special Instructions to Filing Officer:			

Office Use Only



400295952344

02/27/17--01888--809 **25.00

2017 FEB 27 PM 1: 38

K. SALY MAR - 1 2017

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ		Liability Con	amount)		
	(Name of Limited;	·			
The er	nclosed member, resignation or dissociatio	n and fee(s) are submitted for filing.		
Please	return all correspondence concerning this	matter to:			
GRE	G BOREE				
	(Contact Person)		-		
woo	DLAND CAPITAL, LLC				
	(Firm/Company)		-		
8280 PRINCETON SQUARE BOULEVARD, SUITE 1					
	(Address)		-		
JACK	(SONVILLE, FL 32256				
	(City/State and Zip Code)		-		
For further information concerning this matter, please call:					
GRE	G BOREE	904	874-0136		
		\	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsim \frac{1}{2} \\$55 \text{Filing Fee & Certified Copy}\$					
Regist Divisi Cliftor 2661 I	cet/Courier address: tration Section ton of Corporations n Building Executive Center Circle hassee, Florida 32301		MAILING ADDRESS: 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)

	limited liability company as	it appears on the records of the Florida Department
2. The Florida docu L14000151186	•	signed to this limited liability company is:
3. The date this men	mber/manager withdrew/resi	igned or will withdraw/resign is: 02/22/2017
		, hereby withdraw/resign as a
MGR	Print Title)	
resignation in wri	ting.	e limited liability company has been notified of my
Signature of Dis	ssociating Member or Resign	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	