## L14000 165611

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





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12/17/15--01009--004 \*\*50.00



DEC 17 2015 J SHIVERS



## 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	s it appears on the records of	the Florida Department
of State is: PAR	ROMAR INVESTMENTS,	LLC	
2. The Florida doc:	<del>-</del>	assigned to this limited liabili	ity company is:
E1400010301	<u> </u>		$\sigma_{h_{i_1}}$
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resig	gn is:
DICADDO C	AVAN	, hereby withdraw/resi	
MGRM	ame oj rerson kesigning)		
	(Print Title)		$\vec{z}_{s}$
resignation in wr	riting.	he limited liability company	DEC 17 RETARY AHASSEE
Signature of Di	(\$500 ating Member or Resignation   \$25.00 (Required)	gning Manager	PH 7: 48 OF STATE OF LORIDA
Certified Copy/	\$30.00 (Optional)		