## L14000174916

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-U	P WAIT	MAIL		
	(Business Entity Name)			
	(Document Number)			
Certified Conies	Certificates of	Status		
Special Instructions to Filing Officer:				
	Ū			
<u> </u>				

Office Use Only



800302284098

800302284098 08/14/17-01036-001 \*\*110.00

17 AUG 14 ANIO: 09

S. WARREN AUG 1 6 2017



## 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		of the Florida Department	
2. The Florida doc L140001749	ument/registration number as 16	ssigned to this limited liabi	ility company is:	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/res	ign is: <u>8/2/17</u>	
4. I, Lois A. Kessler  (Print Name of Person Resigning)  Member and Manager		, hereby withdraw/res	, hereby withdraw/resign as a	
	(Print Title)			
resignation in wr	bility company and affirm the iting.  Alaska issociating Member or Resig		y has been notified of my	
_	\$25.00 (Required) \$30.00 (Optional)		FILED HASSELFED	