https://efile.sunbiz.org/scripts/efilcovr.exe



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000285602 3)))



H150002856023ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.

Account Number : 076666002140 : (727)461-1818 Phone Fax Number : (727)441-8617

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1217 US HWY 19 CROSSINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

DEC 0 4 2015

RESIGNATION OF MANAGER FROM FLORIDA LIMITED LIABILITY COMPANY (Pursuant to 605:-0216, Florida Statutes)

- 1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 1217 US HWY 19 CROSSINGS, LLC.
- 2. The Florida document/registration number assigned to this limited liability company is: L14 000 171282.
- 3. The date this manager resigned is October 10, 2015.
- 4. I, CARLOS A, YEPES, hereby resign as a manager of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

