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SECRETARY OF STATE

2016 FEB 12 PH 4: 36

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K.SALY EXAMINER FEB 15

COVER LETTER

Division of Corporations	
SUBJECT: Drift (ollective LC) (Name of Limit	ited Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning to	this matter to:
Kimberty Jessica Taylor (Contact Person)	
(Firm/Company)	
103 Falligant Ave (Address)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Savannah, GA 31410 (City/State and Zip Code)	
For further information concerning this matter	er, please call:
USSICA Taylor (Name of Contact Person)	at (912) 713-7818
(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: \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$\$ \$\square\$\$\$\$\$\$\$\$ \$\square\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section



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 as it appears on the records of the Florida Department
of State is: Dv	ift Collective LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L14000190	118
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: 1 3 1 2016
4. I, Judica To	, hereby withdraw/resign as a make of Person Resigning)
<u>Manager</u>	Print Title)
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
Jania T.	auler
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)