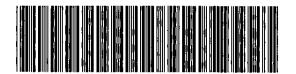
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI			
	(Name of Limi	ited Liability Com	pany)
The er	nclosed member, resignation or dissocia	ation and fee(s)	are submitted for filing.
Please	return all correspondence concerning	this matter to:	
RYAN	N CIPPARONE		
	(Contact Person)		•
CIPP	ARONE & CIPPARONE, P.A.		
	(Firm/Company)		-
1540	INTERNATIONAL PARKWAY, SUI	ITE 1060	
	(Address)		•
LAKE	MARY, FLORIDA 32746		
	(City/State and Zip Code)		•
For fur	rther information concerning this matte	er, please call:	
CHAF	RLES G. BROWN	850	276-4365
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payable to Filing Fee		epartment of State for: Fee & Certified Copy
	ET/COURIER ADDRESS:		MAILING ADDRESS:
-	ration Section		Registration Section
	on of Corporations n Building		Division of Corporations P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
	assee, Florida 32301		

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 State Control Company)

(Pursuant to 605.0216, Florida Statutes)

	limited liability company	as it appears on the records of the Florida Department
2. The Florida doc		assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/r	resigned or will withdraw/resign is:
I ODETTA E	ADMED BOOMN	
(Print N	lame of Person Resigning)	, hereby withdraw/resign as a
AUTHORIZE	D MEMBER	
	(Print Title)	•
of this limited lia		the limited liability company has been notified of my
Signature of Di	ssociating Member or Res	signing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	• • •	