(Requestor's Name)	
(Address)	900293717229
(Address)	
(City/State/Zip/Phone #)	01/03/1701029035 **25.00
(Business Entity Name)	
(Document Number)	· · ·
tified Copies Certificates of Status	JAN 0 4 2017 S. YOUNG
pecial Instructions to Filing Officer:	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Plorida Statutes)

2. The Plorida document/registration number assigned to this limited liability company is:

L14000196179

3. The date this member/manager withdrew/resigned or will withdraw/resign is:

4. I. Jacqueline Barnes

(Print Home of Person Resigning)

NV.

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AM

8:0

manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X.

Signature of Dissociating Member or Resigning Manager

Filing fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)

CR2E079 (2/14)