14000196596

(Re	equestor's Name)	<u> </u>			
(Address)					
(Address)					
(Addless)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Nar	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





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2016 JUN 13 PM 12: 49

15 JUN 14 AM 7: 24

COVER LETTER

	Registration Section Division of Corporations					
SUBJE						
(Name of Limited Liability Company)						
The enc	losed member, resignation or dissocia	tion and fee(s	s) are submitted for filing.			
Please return all correspondence concerning this matter to:						
Clyde \	W. Davis					
	(Contact Person)		_			
Davis,	Broussard, Martin & Steger, PLLC					
	(Firm/Company)		_			
960185	Gateway Blvd., Suite 104					
,	(Address)		_			
Fernan	dina Beach, FL 32034					
	(City/State and Zip Code)		-			
For further information concerning this matter, please call:						
Clyde \	W. Davis	904	261-2848			
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\subseteq \$55 Filing Fee & Certified Copy\$						
Registra Division Clifton I 2661 Ex	T/COURIER ADDRESS: tion Section of Corporations Building ecutive Center Circle usee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

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 Statutes)

1. The name of the	e limited liability company as	it appears on the records of	the Florida Department
of State is: Day	ris, Broussard, Martin & Ste	ger, PLLC	
2. The Florida doc L1400019659	ument/registration number ass	signed to this limited liabilit	ry company is:
3. The date this m	ember/manager withdrew/resig	gned or will withdraw/resign	June 3, 2016
4. I, Joshua K. M	lartin Name of Person Resigning)	, hereby withdraw/resig	çn as a
Manager and			
	(Print Title)		
of this limited lia resignation in w	ability company and affirm the	limited liability company h	as been notified of my
Signature of D	issociating Member or Resign	ing Manager	
Filing Fee:	\$25.00 (Required)		7:2
Certified Copy:	\$30.00 (Optional)		