## L15000004845

(Re	questor's Name)			
(Ada	dress)			
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(Cit	y/State/Zip/Phone	e #)		
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SELASTINEY OF STATE
ALLAHASSES FLORIDA

UCT OR MARRIS

## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Aff:n:ty Glassworx LLC (Name of Limited Liability Company)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
E. Wade Lee (Contact Person)				
Affinity 6 asswork LLC (Fim/Company)				
122 Sw midtown Pr #101  (Address)				
City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (386) 365 · 8986  (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$ \$\frac{1}{2}\$ \$				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MATERICADDRESS: Registration Section Registration Section Division of Corporations ROPBOX-6327 Tallahassee, Florida 32314  Tallahassee, 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 Statutes)

1. The name of the	limited liability company a	as it appears on the records of	f the Florida Department
of State is:	Affinity Glassi	SOLX LTC	···
	,	assigned to this limited liabil	
L15 000	00 4845	•	
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resi	gn is:
	Lamenda Jame of Person Resigning)	, hereby withdraw/res	ign as a
Registered	Agent / MANA6	T.	
of this limited lia resignation in wr		the limited liability company	has been notified of my
Signature of Di	ssociating Member or Resig	gning Manager	ASS 2
_	\$25.00 (Required) \$30.00 (Optional)		2015 SEP 30 PH