## 115000018833

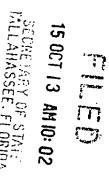
(Re	equestor's Name)	· •
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Certified Copies	_ Certificate:	s of Status
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## COVER LETTER

ć.

TO: Registration Section Division of Corporations
SUBJECT: 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:
(Contact Person)  (Contact Person)  (Contact Person)  (Firm/Compan)  (Firm/Compan)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)
For further information concerning this matter, please call:
(Name of Contact Person)  at (Lot b) 508 - 009  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, 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 limited liability company as it appears on the records of the Florida Department of State is:
()
2. The Florida document/registration number assigned to this limited liability company is:
L15000018833
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I, FORGINE ANGREZ, hereby withdraw/resign as a Print Name of Person Resigning)
Service of the servic
(Print Title)
of this limited liability company and affirm the limited liability company has been notified my
resignation in writing.
Dopaine alvaran
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)