## L150000 Z0 Z00

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
	· · · · · · · · · · · · · · · · · · ·	

Office Use Only



900271035729

04/02/15--01010--009 \*\*25.00

15 APR -2 PM 12: 30





## 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 lim	nited liability company as it appears on the records of the Florida Department
of State is:	PANCH-CONNER Management GROUP LLC.
2. The Florida docume	ent/registration number assigned to this limited liability company is:
L 15000	0020200
3. The date this memb	er/manager withdrew/resigned or will withdraw/resign is: $\frac{3}{25}$
4. I, LAURIE BR	ANKH-CONNER, hereby withdraw/resign as a e of Person Resigning)
Authorized Pr	Member /Representive
of this limited liabili resignation in writin	ity company and affirm the limited liability company has been notified of my
Samin ()	Branch Circu
Signature of Disso	ociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations	
SUBJECT: Branch - CONN (Name of Limite	ER MANAGEMENT GROUP, LLC. ed Liability Company)
The enclosed member, resignation or dissociate	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the Confe Conner III (Contact Person)	nis matter to:
BRANCH ('UNNER Managene (Firm/Company)	& BroyllC
4924 Fells ('ove Ave (Address)	<u> </u>
(City/State and Zip Code)	APR - 2
For further information concerning this matte	r, please call:
(Name of Contact Person)	r, please call:  at (954) 59/-6965 3  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  \$\square\$\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301