## L15000627401

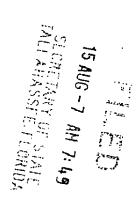
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## 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:		
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/29/2015		
3. The date this member/manager withdrew/resigned or will withdraw/resign is:		
41. S, hereby withdraw/resign as a  (Print Name of Person Resigning)  Print Title)  7. hereby withdraw/resign as a		
of this limited liability company and affirm the limited hability company has been notified of my		
resignation in writing.		
Signature of Dissociating Member or Resigning Manager		
Filing/Fee: \$25.00 (Required)  Certified Copy: \$30.00 (Optional)		
Certified Copy: \$30.00 (Optional)		