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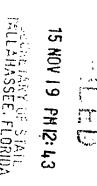
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TO:

CR2E079 (2/14)

TO:	_	stration Section sion of Corporations		
SUBJ		Inspired out of Chaos LLC		
		(Name of Lin	nited Liability Co	mpany)
The e	nclosed	l member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please	e return	all correspondence concerning	this matter to:	
Roch	elle G	riessel		
		(Contact Person)		_
Inspir	red ou	t of Chaos LLC		
*		(Firm/Company)		_
1167	Fern .	Avenue		
		(Address)		_
Orlar	ido, Fl	, 32814		
		(City/State and Zip Code)		_
For fu	ırther iı	nformation concerning this matt	ter, please call:	
Roch	elle G	riessel	4 07	443-1227
	(N	ame of Contact Person)	_ \	e & Daytime Telephone Number)
	sed ple 5 Filing	ease find a check made payable ag Fee		Department of State for: g Fee & Certified Copy
Regis Divisi Clifto 2661	tration ion of 0 n Build Execut	ive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallal	nassee,	Florida 32301		•



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)

	limited liability company as in ired out of Chaos LLC	t appears on the records of the Flo	rida Departm	nent
2. The Florida doc L1500003221		igned to this limited liability comp	pany is:	
3. The date this mo	ember/manager withdrew/resig	ned or will withdraw/resign is:	9/01/2015 NOV 19 OLL AHASS	 i"
(Print) Managing Pa	rtner	, hereby withdraw/resign as a	19 PMI2: 4 ARY OF STAI ASSEE, FLORI	
of this limited lia resignation in wi	(Print Title) bility company and affirm the iting.	limited liability company has been	n metified of	
	nei mel			
Filing Fee:	\$25.00 (Required)	ing Manager		
Certified Copy:	\$30.00 (Optional)			