1500039387

(Re	questor's Name)		
(,,,			
(Address)			
•	·		
(Ad	dress)	···	
(Cit	y/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
		,	

Office Use Only



800297679048

04/12/17--01009--025 **25.00

APR 13 2017 S. YOUNG SÉCRETARY OF STATE FALLAHASSEE, FLORID.

COVER LETTER

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, 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	s it appears on the records of the	e Florida Department
2. The Florida docu 	•	assigned to this limited liability	company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign i	is: 03-27-2017
		, hereby withdraw/resign	
Manager	(Print Title)		
	bility company and affirm th	he limited liability company has	s been notified of my
1 Que	\bigcap		SEUF FALL:
Signature of Di	ssociating Member or Resig	gning Manager	APR 12
_	\$25.00 (Required) \$30.00 (Optional)		EE. FLORID AM IO: 36