L15000044770

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
`				

Office Use Only



300284371993

04/12/16--01005--025 **55.00

2316 APR 11 PH 4: 40

ECRETARY OF STA

15 APR 11 AM 9: 57

APRIS 2016

COVER LETTER

SUBJECT: FOR VETERALS BY	VETRANE PRINTWORKS, LLC			
(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:				
Patrick Coan (Contact Person)				
FOR VETERALS BY VETRALS GROUP, INC (Firm/Company)				
P.O. Box 20892 (Address)				
FC (A Jou A (City/State and Zip Code)	92021			
For further information concerning this matter, please call:				
Patrick Con	at (215) 313. 7358 (Area Code & Daytime Telephone Number)			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for: \$\sim\$ \$\s				
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section

Division of Corporations



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	ne limited liability compar	ny as it appears on the re	ecords of the Florida Department
of State is: <u>F</u>	OR VETERANS	BYVETERANS	Pantworks, UC.
	ocument/registration numl	per assigned to this limit	ted liability company is:
L150	ØØØ 44 77Ø	·	
			raw/resign is: 11 MARCH ZOOK
	Name of Person Resigning)	s Grapi hereby with	draw/resign as a
MEMBER	<u>A REVISTAGO</u> (Print Title)	S	
of this limited l resignation in v		rm the limited liability c	ompany has been notified of my
tan			
Signature of	Dissociating Member or F	Resigning Manager	_
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)