## L150000 48477

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

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06/19/18--01010--001 \*\*25.00



JUN 20 2018

## **COVER LETTER**

Division of Corporations		
Chief Growth Officers, LLC SUBJECT:		
(Name of Limite	d Liability Con	npany)
The enclosed member, resignation or dissociat	ion and fee(s	a) are submitted for filing.
Please return all correspondence concerning th	is matter to:	
Melody Montgomery		
(Contact Person)		_
Chief Growth Officers, LLC		
(Firm/Company)		_
1116 Red Haven Lane		
(Address)		_
Oviedo, FL 32765		
(City/State and Zip Code)		<del>-</del>
For further information concerning this matter,	, please call:	
Melody Montgomery	321 at (	505-1948
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassec, Florida 32301		

CR2E079 (2/14)



## 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)

	e limited liability company as it of Growth Officers LLC	t appears on the records of the	he Florida Department
2. The Florida doc L1500004847	ument/registration number ass	igned to this limited liability	company is:
4. I, Law Offices	Name of Person Resigning)	ned or will withdraw/resign, hereby withdraw/resign	
resignation in wi	(Print Title) ability company and affirm the riting.  W. Kaplan Owner	limited liability company ha	
Filing Fee:	issociating Member or Resigni \$25.00 (Required) \$30.00 (Optional)	ng Manager	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1