## L15000)48477

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200315693282

07/16/18--01010--010 \*\*50.00

B JUL 16 PM 12: 41

JUL 1 1 20.3



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY 5

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as of State is: CHIEF GROWTH OFFICERS,		Torida Department
2. The Florida document/registration number as L15000048477	signed to this limited liability co	mpany is:
3. The date this member/manager withdrew/resi	gned or will withdraw/resign is:	06/06/2018
4. I, Richard Cieslak (Print Name of Person Resigning)	, hereby withdraw/resign as	a
(Print Name of Person Resigning) CFO		
(Print Title)		
of this limited liability company and affirm the resignation in writing.	e limited liability company has b	een notified of my
Signature of Dissociating Member or Resign	ning Manager	
Filing Fee: \$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)