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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Pranique, LLC		
(Name of Limite	ed Liability Cor	npany)
The enclosed member, resignation or dissociat	ion and fee(s	are submitted for filing.
Please return all correspondence concerning the	is matter to:	
Nicole Fouche		
(Contact Person)		_
Annix, LLC		
(Firm/Company)		_
12020 Meridian Point Drive		
(Address)		_
Tampa, FL, 33626		
(City/State and Zip Code)		_
For further information concerning this matter	, please call:	
Nicole Fouche	813	525-3578
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee		Department of State for: g Fee & Certified Copy
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 32301		Tallahassee, Florida 32314

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)

1. The name of the of State is:		it appears on the records of the	Florida Departmen
2. The Florida doc L1500005590	-	ssigned to this limited liability co	ompany is:
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign is:	07/21/2016
		, hereby withdraw/resign as	
Manager			
	(Print Title)		
resignation in wi		e limited liability company has b	been notified of my
_	\$25.00 (Required) \$30.00 (Optional)	ASSEE. FLORI	LED LED P 12: 35