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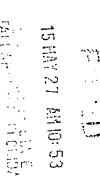
(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificate:	s of Status	
Special Instructions to	Filing Officer:		
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COVER LETTER

TO:	Regis	stration Section			<u> </u>
	•	sion of Corporations			
SUBJ	ЛЕСТ:	The Pink Flamingo CHRV	V,LLC		
		, (Name of L	imited Liability Cor	npany)	- 10% - 10%
The e	nclosed	d member, resignation or disso	ociation and fee(s	s) are submitted for filin	ig. Em
Please	e returr	all correspondence concernir	ng this matter to:		
Lillie	Harris	1			
		(Contact Person)	·	_	
		(Firm/Company)		_	
2170) Wilto	n Drive #408			
		(Address)		_	
Wilto	on Mar	nors, Florida 33305			
		(City/State and Zip Code)		_	
For fi	urther i	nformation concerning this m	atter, please call:		
Lillie	Harris	S	954 at (479-2514	
	(N	lame of Contact Person)		e & Daytime Telephone N	lumber)
	osed ple 5 Filing	ease find a check made payabl g Fee		Department of State for: g Fee & Certified Copy	
		OURIER ADDRESS:		MAILING ADDRES	SS:
_		Section		Registration Section	~==
		Corporations		Division of Corporation P.O. Box 6327	ons
	on Buil Execut	aing tive Center Circle		Tallahassee, Florida 3	2314
		Florida 32301		Tananasso, Tronau s	

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)

	limited liability company as it appears on the records of the Florida Department Pink Flamingo CHRW, LLC.
2. The Florida docu L15000056104	ment/registration number assigned to this limited liability company is:
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Lillie Harris	, hereby withdraw/resign as a ame of Person Resigning)
Member / 7	reasurer (Print Title)
of this limited liab resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
Sillie-	Harris
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)