L 1500061224

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity/State/Zip/r Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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NOV 03 2016 S. YOUNG SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AUSTEN (Name of Limite	LLC ed Liability Company)	
The enclosed member, resignation or dissociate	tion and fee(s) are submitted for filing.	
Please return all correspondence concerning th	nis matter to:	
MICHAEL AUSTEN (Contact Person)		
		167
(Firm/Company)		16 NOV -2 PM 3: 00
6406 SHOAL CREEK STREET (Address)	CIR	PH 3
BRADENTON, FL 34200 (City/State and Zip Code)	?	00
For further information concerning this matter	r, please call:	
MICHAEL AUSTEN (Name of Contact Person)	at (<u>651</u>) <u>399-0733</u> (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

CR2E079 (2/14)

Tallahassee, Florida 32301



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 limited liability company as it appears on the records of the Florid	da Department
of State is: AUSTEN, LLC	- 35 F
2. The Florida document/registration number assigned to this limited liability compa	my is: 2
<u>L15000061224</u>	PH 3
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	0/25/168
1. The name of the limited liability company as it appears on the records of the Florid of State is: AUSTEN, LLC 2. The Florida document/registration number assigned to this limited liability compa L1500061334 3. The date this member/manager withdrew/resigned or will withdraw/resign is: I MICHAEL AUSTEN, hereby withdraw/resign as a (Print Name of Person Resigning) MEMBER (AMBR) (Print Title)	
MEMBER (AMBR). (Print Title)	
of this limited liability company and affirm the limited liability company has been resignation in writing.	notified of my
michael Austen	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	