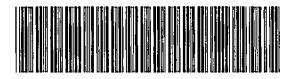
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(Re	questor's Name)	
(Ad	dress)	
(*)	1>	
DA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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TO: Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

Divis	ion of Corporations				
SUBJECT:	110 BROWARD CONSUL	TING SERVIO	CES LLC		
301011	(Name of L	imited Liability Co	ompany)		
The enclosed	I member, resignation or disso	ciation and fee	(s) are submitted f	or filing.	
Please return	all correspondence concerning	g this matter to	:		
NICOLE J.	HUESMANN			∏. 24	
	(Contact Person)				
NICOLE J.	HUESMANN, P.A.			ALLANASSEL ALGRE	
	(Firm/Company)			σ	
150 ALHAN	MBRA CIRCLE, SUITE 115	0		1 CR11	
	(Address)			-	
CORAL GA	ABLES, FL 33134				
	(City/State and Zip Code)				
For further in	nformation concerning this ma	tter, please call	:		
NICOLE J.	HUESMANN	305	858-0220		
(N	ame of Contact Person)	 -	le & Daytime Telep	hone Number)	
Enclosed ple ■ \$25 Filing	ase find a check made payable Fee		Department of Sta ng Fee & Certified		
	OURIER ADDRESS:		MAILING AD	DRESS:	
Registration			Registration Section		
Division of C Clifton Build	=""		Division of Corporations P.O. Box 6327		
	ive Center Circle		Tallahassee, Florida 32314		



FI.ORIDA 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	s it appears on the records of th	ne Florida I	27 [
	cument/registration number a	ssigned to this limited liability	Company i	∪ s? Ξ
MARKS S	^OTT	signed or will withdraw/resign, hereby withdraw/resign		2019
(Print)	Name of Person Resigning) (Print Title)			
of this limited lia resignation in w	ability company and affirm th	ne limited liability company ha	s been noti	fied of my
Signature of D	issociating Member or Resig	ning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			