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| Certified Copies | Certificates o | or Status |
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| Special Instructions to Fi | iling Officer: | |
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Office Use Only



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| ease call: |
| 05 910-3341 |
| Area Code & Daytime Telephone Number) |
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Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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 ECT ON CALL LLC |
|---------------------|--|
| 2. The Florida doc | ument/registration number assigned to this limited liability company is: |
| L15000104014 | |
| 3. The date this me | ember/manager withdrew/resigned or will withdraw/resign is: |
| Cananda Cista Da | |
| AMBR | · |
| | bility company and affirm the limited liability company has been notified of my iting. 201, 03/6. |
| Signature of D | issociating Member or Resigning Manager |
| | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |