## 2/5000/54438

(Re	equestor's Name)						
(Address)							
•	ddress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to Filing Officer:							

Office Use Only



500279510405

12/10/15--01006--008 \*\*25.00

FILED

2015 DEC 10 PM 4: 37

SCORE JARRY OF STATE
ARRANGE FOR ORDINAL

K.SALY EXAMINER DEC 1 4 2015

## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
SUBJECT:	We Live	H-/bril	MANAGEMENT L
	(Name of Li	inned Liability Com	oany)
The enclosed mem	ber, resignation or disso	ciation and fee(s)	are submitted for filing.
Please return all co	orrespondence concernin	g this matter to:	
Colen	Palan SK	<b>✓</b>	
	(Contact Person)		
	(Contact Ferson)		
LANGK.	1 LAN GOOD	۵۰	
	7 LAW Gro. (Firm/Company)		
•			
137 5.	PAISONS Aven	e	
	(Address)	•	
Brando	(City/State and Zip Code)	3511	
For further information	ation concerning this ma	tter, please call:	
Gira R. (Name o	LAASK7  f Contact Person)	at ( <u>§13</u> (Area Code &	967-1999 & Daytime Telephone Number)
Enclosed please fin	nd a check made payable		epartment of State for: Fee & Certified Copy
STREET/COURI	ER ADDRESS:		MAILING ADDRESS:
Registration Section			Registration Section
Division of Corpor	rations		Division of Corporations
Clifton Building 2661 Executive Ce	enter Cirola		P.O. Box 6327
Tallahassee, Floric			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 li	mited l	iability comp	oany as it appears	on the records of the Fl	orida Department
of State is:	√ e	Live	17-181.0	MA NASCMC-T	LLC.
2. The Florida docun	nent/reg	gistration nur	mber assigned to	this limited liability con	npany is:
L1500	001	5443	8		
3. The date this mem	ber/ma	nager withdr	rew/resigned or w	ill withdraw/resign is: _	12/7/15
4. I, Glen (Print Name)	R. ne of Per	rson Resigning)	here	eby withdraw/resign as a	a
MANA	rint Title	<u>(                                    </u>	·		
of this limited liabi resignation in writi	-	npany and af	ffirm the limited l	iability company has be	en notified of my
Signature of Diss	γ_ sociatin	g Member of	r Resigning Mana	nger	
Filing Fee: Certified Copy:		` •	•		