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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)

2. The Florida doc L1500017434	_	ıber assig	ened to this limited liability company is:
3. The date this me	mber/manager withdre	:w/resign	ed or will withdraw/resign is: 2/29/2016
4. I, Robert L. Shapiro (Print Name of Person Resigning)			
(Print N	iame of Person Resigning)		·
Manager		_	
	(Print Title)		
of this limited lia resignation in wr		irm the li	imited liability company has been notified of my
		5	ROBERT LEE SHAPIRO
Signature of D	issociating Member or	Resignin	g Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

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