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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ			
	(Name of Li	imited Liability Cor	mpany)
The er	nclosed member, resignation or disso	ciation and fee(s	s) are submitted for filing.
Please	return all correspondence concernin	g this matter to:	
Josep	ph C. Skalski		
	(Contact Person)		_
Skals	ski Law Firm, LLC		
	(Firm/Company)		_
4243	Dunwoody Club Drive, Suite 214		
	(Address)		_
Atlant	ta, Georgia 30350		
	(City/State and Zip Code)		-
For fu	rther information concerning this ma	tter, please call:	
Josep	oh C. Skalski	678	336-5329
	(Name of Contact Person)		& Daytime Telephone Number)
	sed please find a check made payable Filing Fee		Department of State for: § Fee & Certified Copy
Regist Division Clifton 2661 I	ET/COURIER ADDRESS: cration Section on of Corporations n Building Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

I. The name of the of State is:	limited liability company as it appears on the records of the Florida Departme
2. The Florida doc L1500019471	oment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
	. hereby withdraw/resign as a ame of Person Resigning)
Manager	ant of Person Resigning)
 	(Print Title)
resignation in wr	polity company and affirm the limited liability company has been notified of nating. Sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)