

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Gity/Gtate/2lp/Filotie #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
-				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



600295010086

02/14/17--01005--004 \*\*25.00

2017 FEB 13 PM 4: 40

17 FEB 13 PH 2: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT FEB 1 4 2017

## COVER LETTER

то:	Registration Section Division of Corporations	
SUBJ	ECT: Dissociation or Resignation of Member,	Manager from Florida LLC
2020	(Name of Limited Liability Co	mpany)
The en	nclosed member, resignation or dissociation and fee(	(s) are submitted for filing.
Please	return all correspondence concerning this matter to	:
Garry	R. Spear	
	(Contact Person)	_
Steve	en Serle, P.A.	SEC!
	(Firm/Company)	三
6070	N. Federal Highway	MASSEE PLORIDA
	(Address)	
Воса	Raton, Florida 33487	ATE ORIO
	(City/State and Zip Code)	
For fu	rther information concerning this matter, please call	:
Garr	y R. Spear 561	912-3580
	(Name of Contact Person) (Area Coc	de & Daytime Telephone Number)
	sed please find a check made payable to the Florida 5 Filing Fee	Department of State for: ng Fee & Certified Copy
Regis Divis Clifto 2661	EET/COURIER ADDRESS: tration Section ion of Corporations on Building Executive Center Circle massee, Florida 32301	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)

	limited liability company as	it appears on the records of the Fl CES OF BOCA, LLC	orida Department
2. The Florida docu L1500019669		signed to this limited liability con	npany is:
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is:	11/23/2016
4. I. Jason D. Ro	berts	hereby withdraw/resign as a	i do d
4. I. Jason D. Roberts  (Print Name of Person Resigning)  Manager and Member			A COR
			RETA ANA
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company has be	ten notified of my
Signature of D	issociating Member or Resig	ning Manager	
Filing Fee:	\$25.00 (Required)		
~	\$30.00 (Optional)		