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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(6)	- (Chata Etia (Dhana	<u></u>
(Cli	ty/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
(Ві	isiness Entity Name	e)
	ocument Number)	
(CC	outhern Humbery	
Certified Capies	Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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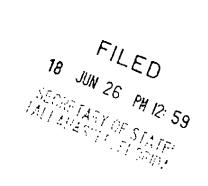
COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MCHECLE LYN S (Name of Limited Liability)	Company)
The enclosed member, resignation or dissociation and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	10:
WCHELLE SLAZEZ (Contact Person)	
Go HAPAJ HomEs Realty (1)	iayo -
18191 NW 68 nAR #21	5
Haleak, R. 33015 (City/State and Zip Code)	
For further information concerning this matter, please of	eall:
(Name of Contact Person) (Area C	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori \$25 Filing Fee	da Department of State for: Tiling Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, 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)

1. The name of the lim	nited liability company as it appears on the records of the Florida Department
of State is: MC	HELLE LYN SJARFZ, LLC
2. The Florida docume	ent/registration number assigned to this limited liability company is:
U5000	210815
3. The date this member	er/manager withdrew/resigned or will withdraw/resign is: Jine 18,3018
	, hereby withdraw/resign as a of Person Resigning)
Ama a	O
(Pri	nt Title)
of this limited liabilit resignation in writing	ty company and affirm the limited liability company has been notified of my
Valis .	Vince.
Signarure of Disse	ciating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

CR2E079 (2/14)