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(Ad	ldress)			
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PICK-UP	☐ WAIT	MAIL		
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or fur		(Address) Orida 32819 (City/State and Zip Code) Iformation concerning this	matter, please call:	2390386
or fur	rther in	(City/State and Zip Code)	matter, please call:	-
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lease	return	all correspondence concer	ming this matter to:	
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		(Name o	of Limited Liability Con	npany)
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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)

of State is: The Florida document/registration num L16000003211	nber assigned to this limited liability company is:
	03/11/2019
The date this member/manager withdre KATHARINE PORTELA	ew/resigned or will withdraw/resign is:
I,	, hereby withdraw/resign as a
(Print Name of Person Resigning) MGR	
(Print Title)	·
of this limited liability company and affiresignation in writing.	firm the limited liability company has been notified of in

Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)