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	stration Section sion of Corporations		
SUBJECT:	Great Opportunity Managem		
	(Name of Lim	nited Liability Con	mpany)
The enclosed	d member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return	all correspondence concerning	this matter to:	
George Z N	∕liller		
	(Contact Person)		_
	(Firm/Company)		_
299 NW 86	th Terrace		
	(Address)		_
Coral Sprin	gs, FL 33071		
•	(City/State and Zip Code)		_
For further in	nformation concerning this matte	er, please call:	
George Z N	Ailler .	954 _ at (803-1933
(N	ame of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed ple \$25 Filing	ease find a check made payable to g Fee		Department of State for: g Fee & Certified Copy
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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)

	e limited liability company as at Opportunity Manageme	s it appears on the records of the	e Florida Department	
2. The Florida doc	C	assigned to this limited liability o	company is:	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign i	s:April 27, 2016	
4. I, Print Name of Person Resigning)		, hereby withdraw/resign	_, hereby withdraw/resign as a	
AMBR	Name of Verson Resigning)			
resignation in w		he limited liability company has L gning Manager	been notified of my	
	\$25.00 (Required) \$30.00 (Optional)		4 188 7.	