## L16000028538

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

Office Use Only



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HARRIS



## 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 ama Products, LLC | it appears on the records of the Flo  | orida Department |                |
|------------------------------------|--|---------------------------------------|------------------|----------------|
| 2. The Florida docu<br>16000028538 | ment/registration number as                    | ssigned to this limited liability com | pany is:         |                |
| Dehorah Milli                      | iame   | igned or will withdraw/resign is:     |                  |                |
| (Print No<br>Manager and           | Member   | , hereby withdraw/resign as a         |                  |                |
| ,                                  |  | e limited liability company has bee   | n notified of my |                |
| Signature of Dis                   | WWaru—<br>sociating Member or Resign           | ning Manager                          | 17 1             | , / j          |
|                                    | \$25.00 (Required)<br>\$30.00 (Optional)       |                                       | MAR-8 AM         | THE TOTAL OF S |