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COVER LETTER

Division of Corporations

Panorama Pursuits

SUBJECT:

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Josh Boulter

(Contact Person)

(Firm/Company)

633 Coit Ave. NE APT. 2

(Address)

Grand Rapids, MI 49503

(City/State and Zip Code)

For further information concerning this matter, please call:

305

at (

Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

(Name of Contact Person)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

587 - 0521

■ \$55 Filing Fee & Certified Copy

(Area Code & Daytime Telephone Number)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Josh Boulter

□ \$25 Filing Fee

٠,

TO:

Registration Section



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)

Pai	e limited liability company as norama Pursuits		s of the Flor	rida De	partment
2. The Florida doc L160000346	cument/registration number as 34	signed to this limited lia			
Joshua Bou	ember/manager withdrew/resi lter Name of Person Resigning)		\frac{1}{55}	2/0 <mark>6</mark> /20	17m
(Print member	Name of Person Resigning)			บ 	Ö
	(Print Title)		(L)	20	
of this limited li- resignation in w	ability company and affirm the riting.	e limited liability compa	ny has been	ı notific	d of my
Signature of D	issociating Member or Resign	ning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				