

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

Office Use Only



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## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department way 218, LLC
2. The Florida docu	ament/registration number assigned to this limited liability company is:
L16000050976	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
Sydelle Davis	hereby withdraw/resign as a
(Print N	, hereby withdraw/resign as a fame of Person Resigning)
MGR	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	ssociating Member or Resigning Manager
Signature of D	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
	\$30.00 (Optional)