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17 JUL 25 AM 9: 14

S. WARREN JUL 28 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Roshad Thomas (Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and for	ec(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Katherine Cartweight	
(Firm/Company)	
9901 Beaver Ridge Trail (Address)	
Tallahassee FL 32312 (City/State and Zip Code)	
For further information concerning this matter, please ca	all:
(Name of Contact Person) an (850) (Area C	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid \$\sim \\$25 \text{Filing Fee} \square \\$55 \text{Fil}\$	a Department of State for: ling Fee & Certified Copy
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)

1. The name of the	innited hability company	as it appears on t	he records of the	: Fiorida Department
of State is:	Roshad I	homas	LIC	
2. The Florida docu	ment/registration number	rassigned to this	imited liability of	company is:
Co. # L	160000717	احال		
3. The date this men	nber/manager withdrew/	resigned or will w	rithdraw/resign is	s: May 1, 2016
4.1. Kather (Print No.	ine Cartwr ame of Person Resigning)	ight, hereby v	vithdraw/resign :	as a
Authori	zed Represent	tative.		
of this limited liab resignation in wri	oility company and affirm	the limited liabil	ity company has	been notified of my
Kather	ine Cartur	dit		
Signature of Dis	ssociating Member or Re	signing Manager		17
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			FIL 7 JUL 25
Certified Copy.	330.00 (Optional)			AH 9: