1160000087980

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
•		
(Do	ocument Number)	
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ALLAHASSEE, FLORIDA

2018 APR 10 AM IO:



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 lin of State is:	nited liability company as it appears on the records of the Flor	ida Department	
2. The Florida docume L16000087980	ent/registration number assigned to this limited liability compa	any is:	
4. I,	er/manager withdrew/resigned or will withdraw/resign is:	rch 28,2018	
MGR			
of this limited liabili resignation in writin	ty company and affirm the limited liability company has been g. Ciating Member or Resigning Manager \$25.00 (Required) \$30.00 (Optional)	2018 APR 10 AM 10: 32	