## L16 0000 91958

| (Re                                     | equestor's Name)   |             |  |  |  |
|---|--------------------|-------------|--|--|--|
| (Address)                               |                    |             |  |  |  |
| (Address)                               |                    |             |  |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)        |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |  |
| (Business Entity Name)                  |                    |             |  |  |  |
| (Document Number)                       |                    |             |  |  |  |
| Certified Copies                        | Certificates       | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |  |
|   |                    |             |  |  |  |
|   |                    |             |  |  |  |
|   |                    |             |  |  |  |

Office Use Only



300286277733

06/02/16--01013--009 \*\*25.00



## **COVER LETTER**

| TO:    | Registration Section Division of Corporations      | , ,                 |  |
|--------|--|---------------------|--|
| SUBJ   | iChor Oll, LLC                                     |                     |  |
|        |  | nited Liability Con | npany)   |
| The e  | nclosed member, resignation or dissoc              | iation and fee(s    | ) are submitted for filing.                      |
| Please | e return all correspondence concerning             | this matter to:     |  |
| Gary   | Stanley  |                     |  |
|        | (Contact Person)                                   |                     | -  |
| iCho   | r Oil, LLC.  |                     |  |
|        | (Firm/Company)                                     |                     | _  |
| 1015   | 60 Highland Manor Drive Suite 200                  |                     |  |
|        | (Address)  |                     | -  |
| Tamp   | pa, FL 33610                                       |                     |  |
|        | (City/State and Zip Code)                          |                     | _  |
| For fu | urther information concerning this mat             | ter, please call:   |  |
| Gary   | Stanley  | 727                 | 7444281  |
|        | (Name of Contact Person)                           | at (<br>(Area Code  | & Daytime Telephone Number)                      |
|        | osed please find a check made payable 5 Filing Fee |                     | repartment of State for:<br>Fee & Certified Copy |
|        | EET/COURIER ADDRESS:                               |                     | MAILING ADDRESS:                                 |
| -      | tration Section ion of Corporations                |                     | Registration Section Division of Corporations    |
|        | on Building  |                     | P.O. Box 6327                                    |
|        | Executive Center Circle                            |                     | Tallahassee, Florida 32314                       |
| Tallah | nassee, Florida 32301                              |                     |  |

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)

| iCh                                     | e limited liability company as<br>or Oil, LLC.  | ••                               | the Florida Department   |
|---|---|----------------------------------|--------------------------|
| 2. The Florida doc<br>L1600009195       | ument/registration number as  | ssigned to this limited liabilit | ty company is:           |
|   |   | <del></del> ,                    | May 25th, 2016           |
|   | ember/manager withdrew/resi   | igned or will withdraw/resig     | n is:                    |
| Nadison Ate                             |   |                                  |                          |
|   | No A D D  | , hereby withdraw/resig          | gn as a                  |
| MGR                                     | Name of Person Resigning)   |                                  |                          |
|   | (Print Title)   |                                  |                          |
| of this limited lia<br>resignation in w | ability company and affirm th riting.   | e limited liability company l    | 5 6                      |
| Nadis                                   | A Common of the |                                  | JUH-2<br>WE 1898<br>WESS |
| Signature of D                          | issociating Member or Resig   | ning Manager                     | AH 8:                    |
| Filing Fee:                             | \$25.00 (Required)  |                                  | 25                       |
|   | \$30.00 (Optional)  |                                  | e.                       |