L16 000 109986

(F	Requestor's Name)
(A	address)
(A	address)
. (0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Pocument Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:

Office Use Only



500287428775

07/05/18--01023--001 **25.00

JUL 0 6 2016 S. YOUNG

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: 353 Unso Entry (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:	
Jay Contact Person) (Contact Person) (Firm/Company)	
2300 E. LAS OLAS BIVAL SE 40 05	SECRE
(City/State and Zip Code),	TARY OF ST
For further information concerning this matter, please call:	25.
(Name of Contact Person) at (954) 816 8 700 (Area Code & Daytime Telephone Number)	P
Enclosed please find a check made payable to the Florida Department of State for:	
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy	

STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

MAILING ADDRESS:

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



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)

	ited liability company as it appears on the records of the Florida Dep	artment	
2. The Florida document	nt/registration number assigned to this limited liability company is:		
4. I, Bry Co (Print Name) (Print Print) (Print)	her/manager withdrew/resigned or will withdraw/resign is:	TALLAHASSEE FI	10 Adduated 35
resignation in writing	y company and affirm the limited liability company has been notified g. Ciating Member or Resigning Manager	I of my	STATE
	\$25.00 (Required)		