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(Name of Contact Person) (Area Code & Daytime Telephone Number) 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 Area Code & Daytime Telephone Number) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	TO: Registration Section		
(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: Sarah Hedden (Contact Person) Sarah Hedden Photography (Firm/Company) 1431 Riverplace Blvd Apt 2808 (Address) Jacksonville, FL 32207 (City/State and Zip Code) For further information concerning this matter, please call: Sarah Hedden at (Division of Corporations		
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7661 Evecutive Center Circle Telleteres Florida 2001 4	2661 Executive Center Circle		
·	Tallahassee, Florida 32301		rananassee, 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)

The name of the limited liability company as it of State is: Sarah Hedden Photography LLC	••
2. The Florida document/registration number assig	gned to this limited liability company is:
3. The date this member/manager withdrew/resign 4. I,	ed or will withdraw/resign is:
(Print Name of Person Resigning)	, neleby withdraw/resign as a
AMBR	
(Print Title)	ži 🗖
of this limited liability company and affirm the livest resignation in writing. Signature of Dissociating Member or Resignin	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)