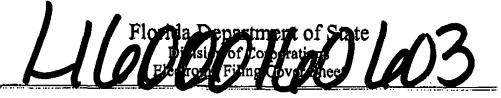
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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 i of State is:	t appears on the records of the Florida Department
2. The Florida document/registration number ass L16000160603	igned to this limited liability company is:
3. The date this member/manager withdrew/resig	ned or will withdraw/resign is:
4. I, David J.Schottenfeld (Print Name of Person Resigning)	
AMBR	•
(Print Title)	
of this limited liability company and affirm the resignation in writing. Signature of Dissociating Member or Resigni	limited liability company has been notified of my
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	D 20 S

CR2E079 (2/14)