

**L16000161703**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

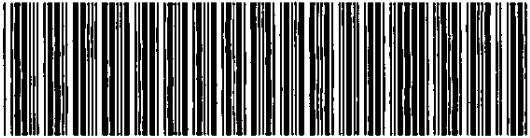
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**700289958617**

09/19/16--01024--010 \*\*25.00

SEP 19 PM 9:10  
ALLIANCE, FLORIDA

SEP 21 2016

Y SULKER





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 limited liability company as it appears on the records of the Florida Department of State is: SIMPLE SUITE, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000161703

3. The date this member/manager withdrew/resigned or will withdraw/resign is: CHRIS CARTER

4. I, CHRIS CARTER, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

CHRIS CARTER  
*(Print Title)*

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10/16/19 BY 60322  
16 SEP 19 PM 9:10  
STATE OF FLORIDA

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)