## 116000181107

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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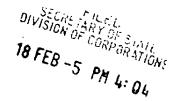
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## COVER LETTER

TO: Registration Section Division of Corporations		
Adiktiv Graphic Design LLC SUBJECT:		
	ited Liability Con	пралу)
The enclosed member, resignation or dissocia	ation and fee(s	s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
Michael B Westfall		
(Contact Person)		_
Adiktiv Graphic Design LLC		
(Firm/Company)		_
6570 Caroline Street Suite B		
(Address)	···	<b>~</b>
Milton/FL 32570		
(City/State and Zip Code)		_
For further information concerning this matter	er, please call:	
Michael B Westfall	850 at (	420-7777
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee		Department of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, 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)

Adi	e limited liability company as it iktiv Graphic Design LLC	appears on the records of the Florida Department
2. The Florida do L160001811	-	gned to this limited liability company is:
	ember/manager withdrew/resign	02/01/2018 led or will withdraw/resign is:
4. I	Name of Person Resigning)	, hereby withdraw/resign as a
	Name of Person Resigning)	
AMBR		
<del></del>	(Print Title)	
of this limited li resignation in w		imited liability company has been notified of my
12	2	
Signature of E	Dissociating Member or Resignin	g Manager
Filing Fee:	\$25.00 (Required)	
Certified Conv.	\$30.00 (Ontional)	