L16000 200 953

(Requestor's Name)				
(Address)				
(0.71)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				

Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

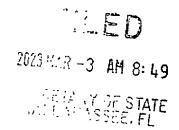
PAT'S HOUSE W	ATCHING, LLC			
Please Debit I2000	00000257 For: ²⁵			
Thank you Seth N	leeley			
1-4-0	/	Art of Inc. File		
He lef		LTD Partnership File		
		Foreign Corp. File		
		L.C. File		
		Fictitious Name File		
		Trade/Service Mark		
		Merger File		
		Art. of Amend. File		
		RA Resignation		
		Dissolution / Withdrawal		
		Annual Report / Reinstatement		
		Cert. Copy		
		Photo Copy		
		Certificate of Good Standing		
		Certificate of Status		
		Certificate of Fictitious Name		
		Corp Record Search		
1 /	/	Officer Search		
4		Fictitious Search		
Signature		Fictitious Owner Search		
		Vehicle Search		
		Driving Record		
Requested by:		UCC 1 or 3 File		
Name	Date Time	UCC 11 Search		
, 1411110		UCC 11 Retrieval		
Walk-In	Will Pick Up	Courier		

COVER LETTER

TO:	_	stration Section ion of Corporations		
SUBJ		PAT'S HOUSE WATCHING, LLC		
		(Name of Limi	ted Liability Co	empany)
The er	nclosed	member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please	return	all correspondence concerning t	his matter to	:
CLIFF	ORD R.	RHOADES		
		(Contact Person)		_
CLIFFO	ORD R.	RHOADES, P.A.		
		(Firm/Company)		_ .
2141 L	AKEVII	EW DRIVE		
		(Address)		_
SEBRE	VG, FL	33870		
		(City/State and Zip Code)		_
For fur	ther in	formation concerning this matte	r, please call:	
CLIFFC	ORD RE	IOADES	863 at (385-0346
	(Na	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclos ≡ \$ 25		ase find a check made payable to Fee		Department of State for: g Fee & Certified Copy
	Regist Divisi P.O. I	e Address: cration Section on of Corporations Box 6327 cassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

	c limited liability company as	it appears on the records of the Florida Department
2. The Florida doc L16000200953	cument/registration number ass	signed to this limited liability company is:
		gned or will withdraw/resign is:
4. I, PAUL PATRIC	K RIESS	_, hereby withdraw/resign as a
	• •	
AUTHORIZED	MEMBER	
	(Print Title)	
of this limited lia resignation in wr		limited liability company has been notified of my
Per Col	A-C	
Signature of D	issociating Member or Resign	ing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	