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FILING CANCELLED RETURNED CHECK

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D. SCOTT NOV 1 4 2017 Tylor Rathie Ft. White PL. 32038

COVER LETTER

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TO: Registration Section **Division of Corporations**

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to: Carron Colonz UC 4332 W. S. Pd. 238 Lake Button Fl. 32054 (City/State and Zip Code)

For further information concerning this matter, please call:

Tylen Rithie at (362) 871-2238

(Area Code & Daytime Telephone Number)

Englosed 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 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

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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)

1. The name of the	limited liabil	lity company as	it appears on the	he records of	the Flor	rida De	epartment
of State is:	ustom	Colorz	4				·
2. The Florida docu	ıment/registr	ation number as:	signed to this I	imited liabili	ty comp	any is:	
	02013	<u> </u>				,	,
3. The date this me	mber/manage	er withdrew/resi	gned or will w	ithdraw/resig	n is: <u>/</u>	1/20	12017
4. I, 19/00	Ritel	rie	, hereby w	vithdraw/resig	gn as a	•	,
4. I, Igler (Print N Manas	ame of Person I 212 A (Print Title)	MBR.					
of this limited lial resignation in wri	bility compar				4	notifi	ed of my
	Piten	>			HASSET.	E 1 AU	Caraman Caraman Caraman
Signature of Di	ssociating M	ember or Resign	ing Manager		LORID	P 2: 0	Ö
Filing Fee:	*	• /			<u> </u>	വ	
Certified Copy:	\$30.00 (C	Optional)					