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



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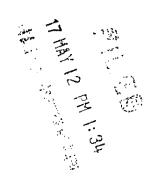
COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Front Line Ready of Pensacola LLC (Name of Limited Liability Company) |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to: |
| Joffy Camp (Contact Person) |
| Front Line Ready of Pensacola LLC |
| 800 Michigan Ave Suite A |
| Pensacola F1. 32505 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Toffry Camp at (850, 512-6003 (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: \$\sum_\$\$ \$25 \text{ Filing Fee} \text{ 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)



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: Front Line Ready of Pensacola LLC. |
| 2. The Florida document/registration number assigned to this limited liability company is: |
| L16000 211414 |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/21/2016 |
| 4. I, Jo Cry Camp, hereby withdraw/resign as a (Print Name of Person Resigning) |
| Manager. Arini Tille) |
| of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. |
| Joffy I Com |
| Signature of Dissociating Member or Resigning Manager |
| Filing Fee: \$25.00 (Required) |

CR2E079 (2/14)

Certified Copy:

\$30.00 (Optional)