11600021300

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	<u> </u>	

Office Use Only



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SECRETALLY ASSVE, FL

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 t	the limited liability company as it appears on the records of the Florida Department	1
of State is:	777 Development Group, 4	L
2. The Florida do	ocument/registration number assigned to this limited liability company is:	
1 1100	2021202	
L 100	100 d 1300	
3. The date this n	nember/manager withdrew/resigned or will withdraw/resign is: 12-30-2018	
4.1, Leslic ke	Name of Person Resigning), hereby withdraw/resign as a	
(Print	Name of Person Resigning)	
member	partner (Police Title)	
	(Print Title)	
	ability company and affirm the limited liability company has been notified of my	
resignation in wi	riting.	
	2/4	
15/	· (
Signature of Di	issociating Member or Resigning Manager	
Signature of Di	issociating Memoer of Resigning Manager	
Filing Fee:	\$25.00 (Required) /	
Certified Copy:	\$30.00 (Optional)	