## 116000 219 747

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SECRETARY OF STATE
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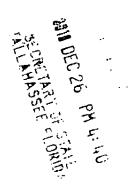
## **COVER LETTER**

TO: Registra	ation Section			
Division	n of Corporations			રૂ .
SUBJECT: U	napologetically Single		mpany) s) are submitted for filing.	. 26
	(Name of Limit	ted Liability Cor	mpany)	, " <u>"</u>
The enclosed m	nember, resignation or dissocia	ition and fee(s	s) are submitted for filing.	5
Please return al	I correspondence concerning t	his matter to:		
LeZIta Caldwe	əli			
	(Contact Person)	····	-	
Unapologetica	ally Single			
	(Firm/Company)		_	
802 Vinings C	rest			
	(Address)	=	-	
Smyrna, GA 3	30080			
	(City/State and Zip Code)		_	
For further info	rmation concerning this matter	r, please call:		
LeZita Caldwe	ell .	904 at (	881-6573	
(Nam-	e of Contact Person)		& Daytime Telephone Number)	
Enclosed please  ■ \$25 Filing Fe	e find a check made payable to ee		Department of State for: g Fee & Certified Copy	
	JRIER ADDRESS:		MAILING ADDRESS:	
<u> </u>			Registration Section	
•			Division of Corporations P.O. Box 6327	
2661 Executive			Tallahassee, Florida 32314	
Tallahassee, Flo			,	

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)

	limited liability company as it appears on the records of the Florida Department
of State is:	Inapologetically Single LLC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
L16000	)a19747
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 4-5-3018
4. I, Pather (Print N	ne Donna Engl., hereby withdraw/resign as a lame of Person Resigning)
Author	rized Henber (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)
Certified Copy:	φουσο (Optional)