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TALLANASSEE, FLORIDA

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RVICES LL	.C
ed Liability Co	mpany)
tion and fee((s) are submitted for filing.
his matter to	:
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r, please call	:
954	374-3202
(Area Cod	e & Daytime Telephone Number)
	Department of State for: g Fee & Certified Copy
	MAILING ADDRESS:
	Registration Section
	Division of Corporations P.O. Box 6327
	Tallahassee, Florida 32314
	r, please call 954 at ((Area Cod

Tallahassee, Florida 32301

CR2E079 (2/14)

SECRETARY OF STATE TALLIAMASSEE, FLORIDA



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 a	s it appears on the records of the Florida Depa	artment
of State is:	ST-LAYNE GENERAL SE	RVICES LLC	·
2. The Florida doc	ument/registration number a	assigned to this limited liability company is:	
L1600022610	5		
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:	
4. l. TERRI L. LA	YNE	, hereby withdraw/resign as a	
(Print N	Name of Person Resigning)	hereby withdraw/resign as a	New Year
AUTHORIZE	D MEMBER		MAY PAR
	(Print Title)		MAR MASS
resignation in wr		he limited liability company has been notified grant and seem notified grant a	Mars 1
Filing Fee:	· · · · · · · · · · · · · · · · · · ·		
Certified Copy:	\$30.00 (Optional)		