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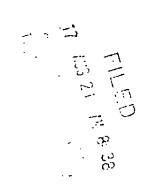
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	





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08/21/17--01038--015 **25.00



D. SCOTT AUG 2 4 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Resum Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and fe	
Please return all correspondence concerning this matter	to:
Michell upton (Contact Person)	
Resura Hope LLC (Firm/Dompany)	
1717 Harbor Dy.	
Clearwale (City/State and Zip Code)	<u>155</u>
For further information concerning this matter, please ca	all:
(Name of Contact Person) at (73-	ode & Daytime Telephone Number) :
Enclosed please find a check made payable to the Florid	la Department of State for: ling Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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 li	mited liability company as it appears on the records	of the Florida Department
of State is:	ising Hape LLC	·
	nent/registration number assigned to this limited lia	
<u> 1700</u>	000/7406	
3. The date this mem	ber/manager withdrew/resigned or will withdraw/re	esign is: 8 21 17
	ne of Person Resigning), hereby withdraw/r	
<u> </u>	halk Print Fille)	
of this limited liabi resignation in writi	lity company and affirm the limited liability compaing.	ny has been notified of my
Max	Cycle Cusho sociating Member or Resigning Manager	1
Signature of Diss	sociating Member or Resigning Manager	7
Filing Fee:		
Certified Copy:	\$30.00 (Optional)	<u>က</u> ည