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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				
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Special Instructions to Filing Officer:				





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COVER LETTER

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TO: Registration Section Division of Corporations			The state of the s
SUBJECT: 1723 COMMERCE A	VENUE NORTH LL	.c	Control of the Contro
	e of Limited Liability Co	mpany)	-
The enclosed member, resignation or	dissociation and fee(s) are submitted for filing.	
Please return all correspondence conc	erning this matter to:		
Jeffrey M. Sherman, Esq.			
(Contact Person)		_	
(Firm/Company)			
3874 Tampa Road			
(Address)			
Oldsmar, Fl. 34677			
(City/State and Zip Coo	ie)	_	
For further information concerning the	nis matter, please call	:	
Gregory A. Sanoba	863	683-5353	
(Name of Contact Person)		e & Daytime Telephone Number	-
Enclosed please find a check made page \$25 Filing Fee		Department of State for: ng Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314	

Filing Fee: Certified Copy:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)



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 of State is: 1723 COMMERCE AVENUE N	appears on the records of the Florida Department ORTH LLC
2. The Florida document/registration number assi	gned to this limited liability company is:
3. The date this member/manager withdrew/resig 4. I, William J. McKittrick, Sr. (Print Name of Person Resigning) Manager	
(Print Title)	
of this limited liability company and affirm the resignation in writing.	limited liability company has been notified of my
Docusigned by:	
Signature of Dissociating Member or Resigni	ng Manager