## L17000045900

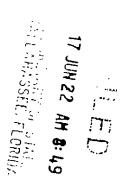
(Re	equestor's Name)			
(Ac	idress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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## COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: The Onyx Three Group LLC				
	(Name of Limited I	Liability Com	ipany)		
The en	nclosed member, resignation or dissociation	and fee(s)	) are submitted for filing.		
Please	return all correspondence concerning this	matter to:			
David	C. Self, II				
	(Contact Person)				
The C	Onyx Three Group LLC				
	(Firm/Company)		-		
3256	Newberry BLVD				
	(Address)				
Tallah	nassee, FL 32311				
	(City/State and Zip Code)		•		
For further information concerning this matter, please call:					
David	C. Self, II	561	543-4029		
	(Name of Contact Person) (	Area Code	& Daytime Telephone Number)		
	sed please find a check made payable to the Filing Fee		epartment of State for: Fee & Certified Copy		
Registr Division Cliftor 2661 I	ET/COURIER ADDRESS: ration Section on of Corporations on Building Executive Center Circle assee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

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)

1. The name of the limited liability company a	s it appears on the records of the Florid	la Department
of State is: The Onyx Three Group LLC		
2. The Florida document/registration number a L17000045900	assigned to this limited liability compar	17 JUN
3. The date this member/manager withdrew/res	signed or will withdraw/resign is:	6/2017
Edwin Miller	, hereby withdraw/resign as a	The A
(Print Name of Person Resigning)		
MGR	:	, <b>(</b> 0
(Print Title)		
of this limited liability company and affirm to resignation in writing.  Signature of Dissociating Member or Resignature		iotified of my
Filing Fee: \$25 (4) (Required)		

Certified Copy:

\$30.00 (Optional)