# 117000048494

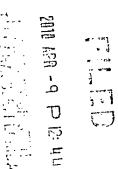
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#### **COVER LETTER**

	I member, resignation or disso all correspondence concerning			ling.
Brian K. Ma	·	ig imo munut tir.		
(Contact Person)			_	
Taylor & As	ssociates, Attomeys at Law	,		
	(Firm Company)		_	
20 3rd Stre	et NW, Suite 209			
	(Address)	<u> </u>	_	
Winter Hav	ren, FL 33880			1
(City/State and Zip Code)			<del>-</del>	
For further i	nformation concerning this m	atter, please call:		3
Madison B	ulman	863	875-6950	٥
	ame of Contact Person)		e & Daytime Telephone	e Number) U

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314

CR2E079 (2/14)



, A. J.

### 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)

. The Florida document/registration number as L17000048494	signed to this limited liability company is:
. The date this member/manager withdrew/resi	gned or will withdraw/resign is:
Edward Arango (Print Name of Person Resigning)	
(Print Nume of Person Resigning)	
AMBR	
(Print Title)	Cunto
of this limited liability company and affirm the	e limited liability company has been notified of in
resignation in writing.	E.
2.1	
Ed Colon	_ = T
Signature of Dissociating Member or Rosign	ung Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)