117000081635

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

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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	e limited liability company as it appears on the records of the Florida Departme
of State is:	OG ACTIVITY WORLD LLC
	nument/registration number assigned to this limited liability company is:
L170	00081635
	ember/manager withdrew/resigned or will withdraw/resign is: 07/10/2017
4. I. Alison Ja (Print N	nE Biddulph, hereby withdraw/resign as a same of Person Resigning)
	ger/Member Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been individed of my
	HOiddulph ==
Signature of D	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)