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	Fax Number : (850)617-6383	, ω
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., .	Account Name : ELLISON LAZENBY PLLC	100
	Account Number : I20150000059	
	Phone : (727)362-6151	<u></u>
	Fax Number : (727)362-6131	

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Fax: (850) 617-6383





## 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)

	imited liability company as	s it appears on the records of the Florida Department
2. The Florida docum L17000098671		ssigned to this limited liability company is:
3. The date this mer	nber/manager withdrew/re	signed or will withdraw/resign is: July 12, 2018
		, hereby withdraw/resign as a
(Print No	une of Person Resigning)	<del></del> .
Manager and	Authorized Member	
	Print Title)	
of this limited liab resignation in wri		he limited liability company has been notified of my
Signature of Di	sociating Member or Resi	gning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

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