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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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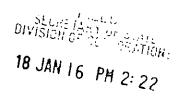
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18 JAN 16 PM 2: 22

DIVISION OF CONFERENCE

K SALY JAN 17 2018 Chk # 4350





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 it appears on the records of the Florida Department Showking Source (Mill and Salawn U
of State is: 111	CHI LIVE DILOPETER CHIEF THE DATOWN OF
2. The Florida docu	ment/registration number assigned to this limited liability company is:
	01 72953
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: 10 3 2017
4.1, KYIS	() () () () () () () () () ()
Mem	Print Fitle)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
Kind	1 Cornett
Signature of Dis	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)