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K. SALY SEP 1 5 2017

		COVER LETTER	
	egistration Section Division of Corporations		
SUBJEC	CT: Kasey D. Hilyard,	PLLC Name of Limited Liability Con	npany)
The encl	osed member, resignatio	n or dissociation and fee(s	
Please re	turn all correspondence	concerning this matter to:	
Kasey [). Hilyard		_
Kasey [(Contact Person). Hilyard, PLLC		_
1200 O	(Firm/Compar akley Seaver Dr STE		
Clermor	(Address)		-
	(City/State and Zi	p Code)	-
For furth	er information concernir	 ng this matter, please call:	
Kasey [). Hilyard	407	488-9879
	(Name of Contact Person	- \-	& Daytime Telephone Number)
Enclosed ■ \$25 Fi		payable to the Florida Department of State for: \$\square\$ \$\squar	
Registrat Division Clifton B 2661 Exe Tallahass	ecutive Center Circle see, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
CR2E079 (1	2/14)		





FILORIDA 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 liabil	 ty company as it appears on the records of the Florida Department
of State is: Kasey D. Hilyard	PLLC
2. The Florida document/registra	tion number assigned to this limited liability company is:
3. The date this member/manager	withdrew/resigned or will withdraw/resign is:
4. 1. Eric Hilyard (Print Name of Person R	, hereby withdraw/resign as a
MGR	asigning)
(Print Title) of this limited liability company resignation in writing.	and affirm the limited liability company has been notified of my
Signature of Dissociating Me	mber or Resigning Manager
Filing Fee: \$25.00 (Re Certified Copy: \$30.00 (Op	· 11 · · · /