112000211645

(Requestor's Name)
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COVER LETTER

-	ration Section on of Corporations			
SUBJECT:	Shorty'z LLC.			
	(Name of Limited Liability Company)			
The enclosed	member, resignation or diss	sociation and fee(s	s) are submitted for filing.	
Please return	all correspondence concerni	ng this matter to:		
Vanesa Fari	as			
	(Contact Person)		_	
Shorty'z LLC	> .			
·	(Firm/Company)		_	
4505 County	/ Road 665			
	(Address)		_	
Ona, Florida	, 33865			
	(City/State and Zip Code)			
For further in	formation concerning this m	natter, please call:		
Vanesa Fari	as	407 at (456-1234	
(Na	me of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed plea \$25 Filing	se find a check made payab Fec		Department of State for: g Fee & Certified Copy	
	OURIER ADDRESS:		MAILING ADDRESS:	
Registration S Division of C			Registration Section Division of Corporations	
Clifton Buildi	•		P.O. Box 6327	
	ve Center Circle		Tallahassee, Florida 32314	

CR2E079 (2/14)



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)

of State is:	
. The Florida document/registration number assi	gned to this limited liability company is:
L17000211645	
The date this member/manager withdrew/resig	ned or will withdraw/resign is:
I. (Print Name of Person Resigning)	
AMBR	HA STATE OF THE ST
(F)	
(Print Title)	
of this limited liability company and affirm the resignation in writing.	limited liability company has been notified of
Aleman Mark	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)