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TO:	Regis	stration Section		
	Divis	ion of Corporations		
SUBJ	JECT:	VISMOR, LLC		
		(Name of	Limited Liability Co	mpany)
The e	nclosec	l member, resignation or dis	sociation and fee(s) are submitted for filing.
Please	e return	all correspondence concern	ing this matter to:	
Zacha	ry D. Ma	irgules, Esq.		
		(Contact Person)		_
Margi	iles Law	Group, P.A.		
		(Firm/Company)		_
7805 5	SW 6th C	т.		
		(Address)		_
Planta	tion, FL	33324		
		(City/State and Zip Code)		_
For fi	irther ii	nformation concerning this n	natter, please call:	
Zacha	ry D. Ma	irgules, Esq.	954 at (547-2863
	(N	ame of Contact Person)		e & Daytime Telephone Number)
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		ng Address: stration Section		Street Address: Registration Section
	Divis	ion of Corporations		Division of Corporations
		Box 6327 hassee, FL 32314		The Centre of Tallahassee
	rana	nassee, 11, 52514		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

	limited liability company as		of the Florida Depart	ment
2. The Florida doc	ument/registration number a	ssigned to this limited liabi	lity company is:	 -
4.1, Detavia (Prini N	mber/manager withdrew/res			<u>2025</u>
of this limited lia resignation in wr	bility company and affirm the		y has been notified o	f my
Signature of D	speciating Member or Resig	ming Manager		
Filing Fee: Centified Copy:	\$25.00 (Required) \$30.00 (Optional)		VI BU	
CR2E079 (2/14)			RY OF STATE	FH 12: 20