## 47000261702

(Re	equestor's Name	)
(Ad	ldress)	
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(Cil	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	



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Office Use Only

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## 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 it appears on the records of the Florida Department
of State is:	ORIDA SOUNDBAR LLC
2. The Florida doc L1700026170	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Austion Wilia	, hereby withdraw/resign as a
(Print N	ame of Person Resigning)
AMBR.	
<del></del>	(Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my iting.  ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	