

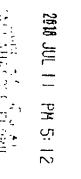
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## COVER LETTER

-	istration Section ision of Corporations					
CUD IECT.	PickerUppers LLC					
SUBJECT	(Name of Limited Liability Company)					
The enclose	ed member, resignation or disso	ciation and fee(s	s) are submitted for filing.			
Please retur	n all correspondence concernin	g this matter to:				
Luke Gua	rnaccia					
	(Contact Person)		_			
PickerUpp	pers LLC					
	(Firm/Company)		_			
1186 Mah	ogany Ln					
	(Address)		_			
Weston F	L 33327					
	(City/State and Zip Code)					
For further	information concerning this ma	tter, please call:				
Luke Gua	rnaccia	= =	701-4303 _)			
(	Name of Contact Person)	(Area Code	e & Daytime Telephone Number)			
Enclosed p \$25 Filir	lease find a check made payable ng Fee	e to the Florida I	Department of State for: g Fee & Certified Copy			
Registration Division of Clifton Bui 2661 Execu	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

Pic	e limited liability company as it apporter the liability company and liability company as it apporter the liability company as it appears the liability company and liability company as it appears the liability company		he Florida I	Depart	tment 
L1800000144	ument/registration number assigned	to this limited liability	company:	is:	
3. The date this m	ember/manager withdrew/resigned c			2018	
(Print I	Name of Person Resigning)  (Print Title)	Total and the second	. us u		
of this limited lia resignation in w	bility company and affirm the limite	ed liability company ha			f my
Signature of D	issociating Member or Resigning M	anager	3-1, 3-1, 2-1, 2-1, 2-1,	2048 JUL 1 I	ſ
	\$25.00 (Required) \$30.00 (Optional)		(1) (q (1) (g ( <del>1)</del> ( <del>g</del> ) ( <del>g</del> )	P# 5:	;