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ALLANASSEE FLORIES SECULIARIES OF STATE

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T SCHROEDER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI			
	(Name of L	imited Liability Co	mpany)
The en	closed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please	return all correspondence concerning	ig this matter to:	
ULISE	S VARELA		
	(Contact Person)	 -	_
	(Firm/Company)	.,.	_
2121 V	W. ERNA DR.		
	(Address)		_
TAMP.	A, FLORIDA 33603		
	(City/State and Zip Code)		_
For furt	ther information concerning this ma	tter, please call:	
ULISE	S VARELA	813 at (500-0165
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	ed please find a check made payable Filing Fee		Pepartment of State for: Fee & Certified Copy
	ET/COURIER ADDRESS:		MAILING ADDRESS:
_	ation Section		Registration Section
	n of Corporations		Division of Corporations P.O. Box 6327
	Building center Circle		Tallahassee, Florida 32314
	ssee, Florida 32301		rananassee, monda 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)

	ne limited liability company as IEAPER TO KEEP HER, LL	it appears on the records of the F	lorida De	epartm	ient
2. The Florida do L180000123	_	ssigned to this limited liability con	npany is:		
3. The date this m	nember/manager withdrew/resi	gned or will withdraw/resign is:	8/19/201	19	
4. I	RFLA	, hereby withdraw/resign as a			_
MANAGER	·				
	(Print Title)				
of this limited li resignation in w	• •	e limited liability company has be	en notific	of r 19 AUG 23	
-	Dissociating Member or Resign	uing Manager	SSEEL FLO	23 AM 10: 5	CED
riling Fee:	\$25.00 (Required) \$30.00 (Optional)			Ç.	