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STREE	ET/COURIE	R ADDRESS:		MAILING ADDRESS	i:		
	ed please find a Filing Fee	a check made payable		Department of State for: g Fee & Certified Copy			
LAW	(Name of Co	PAVALEE (pontact Person)	at (<u>813</u> (Area Code	507 - 94° c & Daytime Telephone Nu	7 <u>3</u>		
For further information concerning this matter, please call:							
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	FEDIN	A BROTI (Firm/Company)	H BRS	_			
	Homas	(Contact Person)	ET IT				
Please r	return all corre	spondence concernir	ng this matter to:				
The enc	closed member	r, resignation or disso	ociation and fee(s) are submitted for filing	ř.		
		(Name of L	limited Liability Co	mpany)			
SUBJE	CCT:	FEDORA	BROTT	HER'S			
	Registration S Division of Co						

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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)

1. The name of the	limited liability compa	any as it appears on the records	of the Florida Department	
of State is:	FEDORA	BIGTAERS	·	
2. The Florida docu	ument/registration num	ber assigned to this limited liab	oility company is:	
4 1, <u>1 Homa</u>	mber/manager withdre BBARRETT ame of Person Resigning)	ew/resigned or will withdraw/res	sign is: $10/23/8$ esign as a	
MANGER	(Print Title)	·		
of this limited liab resignation in wri		irm the limited liability compan	y has been notified of my	
Signatura of Di	Residence Mambas of	Recigning Manager	18 OC SECNO	£00go.
	Sociating Member of	icesigning ividiagei	T 26 P	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PM 6: 4 STATE FLORIDA	0