## 1180000040457

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(Address)					
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K. SALY MAY 10 2018

## **COVER LETTER**

CR2E079 (2/14)

TO:	_	stration Section sion of Corporations			
	DIVIS	non of Corporations			
SUBJI	ECT:	We Are The States LLC			
		(Name of Limited Liability Company)			
The en	closed	I member, resignation or disso	ciation and fee(s	s) are submitted for filing.	
Please	return	all correspondence concerning	g this matter to:		
David	Giffo	rd			
		(Contact Person)		<del>-</del>	
		(Firm/Company)		_	
		,			
2330 \$	SE 19	9th cir			
		(Address)		_	
Ocala	FI 34	471			
		(City/State and Zip Code)		_	
For fur	ther in	nformation concerning this ma	tter, please call:		
Matthe	ew W	eisberg	352 at (	895-5700	
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclos	-	ase find a check made payable g Fee		Department of State for: g Fee & Certified Copy	
		OURIER ADDRESS:		MAILING ADDRESS:	
_		Section Corporations		Registration Section Division of Corporations	
Clifton		•		P.O. Box 6327	
		ive Center Circle		Tallahassee, Florida 32314	
Tallaha	assee,	Florida 32301			





## 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)

	e limited liability company as it appears on the records of the Florida  Are The States LLC	Department		
	ument/registration number assigned to this limited liability company #L18000040457	y is:		
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: April	14, 2018		
4. I, David Gifford				
Manager	· · · · · · · · · · · · · · · · · · ·			
<del></del>	(Print Title)			
resignation in wr	ability company and affirm the limited liability company has been notiting.	otified of my		
	issociating Member or Resigning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			