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COVER LETTER

TO: Registration Section Division of Corporations The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: 1 S25 Filing Fee □ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 company as it appears on the records of the Harida Danartment
	limited liability company as it appears on the records of the Florida Department
of State is:	ea Santana Style
	iment/registration number assigned to this limited liability company is:
L1800	0040979
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4.1. Paula	K. Santana , hereby withdraw/resign as a
$\Lambda \mathcal{O}^{(Print)}$	ame of Person Resigning)
A	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my
resignation in wr	
12.000	Xaala m
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)