L18000046884

(Re	questor's Name)	
hd)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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K. SALY JUL 20 2018

COVER LETTER

STREET/COURIER ADDRESS:

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

TO: Registration Section

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)

	mited liability company as it appears on the records of the Florida Department
of State is:	Experts, LLC
	nent/registration number assigned to this limited liability company is:
92-45	10225 L18000046884
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: $\frac{7/5/20/8}{}$
4. I. Ryon N Print Nam	he of Person Resigning), hereby withdraw/resign as a
OW!	rint Title)
of this limited liabi resignation in writi	lity company and affirm the limited liability company has been notified of my ang.
Signature of Diss	sociating Member or Resigning Manager
C	\$25.00 (Required) \$30.00 (Optional)
Certified Copy:	ຈວບ.ບາ (Optional)