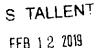
L18000089723

Office Use Only



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Risign (

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	ECT: 6114 9TH AVE CIR NE LLC	C	
	(Name of Lin	mited Liability Co	ompany)
The e	nclosed member, resignation or dissoc	iation and fee	(s) are submitted for filing.
Please	return all correspondence concerning	this matter to	:
TERE	ENCE MATTHEWS, ESQ.		
	(Contact Person)		_
TERE	ENCE MATTHEWS, CHARTERED)	
	(Firm/Company)		_
5190	26TH STREET WEST, SUITE D		
	(Address)		
BRAD	DENTON, FL 34207		
	(City/State and Zip Code)	7.1.	_
For fur	rther information concerning this matt	er, please call	:
MARI	E MCCAUGHAN	941 at (758-0228
	(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
	ed please find a check made payable t Filing Fee		Department of State for: g Fee & Certified Copy
	ET/COURIER ADDRESS:		MAILING ADDRESS:
_	ration Section on of Corporations		Registration Section Division of Corporations
	Building		P.O. Box 6327
2661 E	executive Center Circle assee, Florida 32301		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)

611	limited liability company as 4 9TH AVE CIR NE LLC	it appears on the records of the	Florida Department
2. The Florida doc L1800008972		ssigned to this limited liability co	ompany is:
MICHAEL W	/ \/\HITE	igned or will withdraw/resign is:, hereby withdraw/resign as	
	(Print Title)	e limited liability company has t	open notified of my
resignation in wr	ssociating Member or Resign		19 FEB - 1
	\$25.00 (Required) \$30.00 (Optional)		PH 5