L1800015401

(Requestor's Name)	<u> </u>
(1042000.0113.110)	
(Address)	<u> </u>
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	<u> </u>
(Document Number)	
Certified Copies Certificates of Status	<u> </u>
Special Instructions to Filing Officer:	

Office Use Only



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D SCOTT

JUN - 4 2019

COVER LETTER

TO: Registration Section **Division of Corporations** AT YOUR DISCRETION, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Sandra Schucher (Contact Person) (Firm/Company) 671 SW Polynesian Ave (Address) Port St. Lucie, FL 34983 (City/State and Zip Code) For further information concerning this matter, please call: 856**g**-2444 Adam Schucher at ((Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 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 Florida Department
of State is: AT YOUR DISCRETION LL	C
2. The Florida document/registration number L18000115401	assigned to this limited liability company is: :
3. The date this member/manager withdrew/r	5/8/19 esigned or will withdraw/resign is:
SANDRA SCHUCHER	
4. I, (Print Name of Person Resigning)	, hereby withdraw/resign as a
(Print Name of Person Resigning)	
Manager and Member	
(Print Title)	
of this limited liability company and affirm resignation in writing.	the limited liability company has been notified of my
Signature of Dissociating Member or Res	igning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	