L18000129254

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SEGRETARY OF TABLE
TALLAHASSEE, FLORIDA



COVER LETTER

TO:	Registration Section				
	Division of Corporations				
SUBJ					
	(Name of Limited Liability Company)				
The er	nclosed member, resignation	or dissociation	n and fee((s) are submitted for filing.	
Please	e return all correspondence co	ncerning this	matter to	:	
Jame	es V. Jessup III				
	(Contact Person))			
			 	_	
	(Firm/Company)	J			
2440	9 Moss Creek Ln.				
	(Address)				
Ponte	e Vedra, FL 32082				
	(City/State and Zip (Code)			
For fu	orther information concerning	this matter, p	lease call	:	
Jame	es Jessup	at :	904	607-5283	
	(Name of Contact Person)		(Area Cod	le & Daytime Telephone Number)	
Enclo	sed please find a check made				
1 \$25	5 Filing Fee		\$55 Filir	ng Fee & Certified Copy	
	EET/COURIER ADDRESS	:		MAILING ADDRESS:	
_	tration Section			Registration Section	
	ion of Corporations			Division of Corporations	
	n Building			P.O. Box 6327	
	Executive Center Circle hassee, Florida 32301			Tallahassee, Florida 32314	

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER EROM 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:	Group, LLC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
L1800012925	4
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Wesley R. De	eason , hereby withdraw/resign as a
(Print N	hereby withdraw/resign as a lame of Person Resigning)
MGR	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
WYD	
Signature of D	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
	\$30.00 (Optional)