L18000157305

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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9EC 0 4 2020 S. YOUNG





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)

| | | appears on the records of the Flo | rida Dep | artmen | nt |
|--|--|------------------------------------|---|-------------|----------|
| of State is: | wWill LLC | | | <u></u> - | |
| 2. The Florida docum | | ned to this limited liability comp | any is: | | |
| 3. The date this mem | ber/manager withdrew/resigne | ed or will withdraw/resign is: 💍 | -31-9 | 0_ | |
| 4. I, William S | ne of Person Resigning) | _, hereby withdraw/resign as a | | , | |
| CEO | rint Title) | | | | |
| of this limited liabil resignation in writing | | mited liability company has beer | notified | | <i>†</i> |
| Signature of Diss | ocialing Member or Resigning | g Manager | -15 2,24 | 2929 OCT 26 | 1 |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | TAKERE EL ON TONES ON TONES. | 126 AM 7:2 | |