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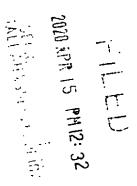
(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate:	s of Status	
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	Elimited liability company as	s it appears on the records of the Florida Department
2. The Florida doc	ument/registration number a	ssigned to this limited liability company is:
		signed or will withdraw/resign is: 01-01-2020
4. 1. JACOB B SMITH (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print N	Same of Person Resigning)	
MANAGER	JACOB B SMITH	
	(Print Tule)	ne limited liability company has been notified of my
resignation in w		te infined hability company has been notified of my
_ Conste	issociating Member or Resig	Magnu Bertel
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	