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COVER LETTER

Registration Section TO: Division of Corporations Westhill & Son 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: Taryn Hartnett (Contact Person) Chapman Law Group (Firm/Company) 12008 South Shore Blvd., Ste 105 (Address) Wellington, FL 33414 (City/State and Zip Code) For further information concerning this matter, please call: at (______) 753-5996 (Area Code & Daytime Telephone Number) Taryn Hartnett (Name of Contact Person) 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: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

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)

The name of the limited liability company as it appears on the of State is: Westhill & Son	records of the Florida Department
2. The Florida document/registration number assigned to this lim L18000282493	nited liability company is:
3. The date this member/manager withdrew/resigned or will with	ndraw/resign is:
4. I. Cory Salaski , hereby wit	hdraw/resign as a
(Print Name of Person Resigning) Manager	
(Print Title) of this limited liability company and affirm the limited liability	company has been notified of my
resignation in writing.	tompany has been notified of my
Con L. Salanto	<u>ု</u> ကိုက် ပ ကိုက် ပ
Signature of Dissociating Member or Resigning Manager	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)