

(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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D. Sesign / Manager





## 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 of State is: 26 A		it appears on the records of the F	lorida Department	
2. The Florida docu L1900000636	-	signed to this limited liability cor	mpany is:	
3. The date this men	mber/manager withdrew/resi	gned or will withdraw/resign is:	3/15/2019	
	ROTHELL  ame of Person Resigning)	, hereby withdraw/resign as	a	
MANAGER	(Print Title)			T E
of this limited liab resignation in wri	pility company and affirm the	e limited liability company has be	2019 APR 1 SECRETA	
	\$25.00 (Required) \$30.00 (Optional)		5 PM 1:51	i O