L19000 069 867

(Requestor's Name)				
(Address)				
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COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	L19000069867 (Name of Limi	ted Liability Con	npany)	
The enclosed	1 member, resignation or dissocia	ition and fee(s) are submitted for filing.	
Please return	all correspondence concerning t	his matter to:		
Sandra T. I	Lynn, Esq.			
	(Contact Person)		-	
Turner & L	ynn, P.A.			
	(Firm/Company)		-	
7 Barracud	a Lane			
	(Address)		-	
Key Largo,	Florida 33037			
	(City/State and Zip Code)		-	
For further i	nformation concerning this matte	r, please call:		
Roger M P	omerance	561 at (998-8047	
<u>(N</u>	lame of Contact Person)		& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy				
Registration Division of Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)



FILEB

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FLORIDA DEPARTMENT OF STATIEL ANA SSEEL FLORIDA DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as i	t appears on the records of the Florida Department UST, LLC
2. The Florida doc L1900006986	_	igned to this limited liability company is:
3. The date this me	ember/manager withdrew/resig	ned or will withdraw/resign is:
4. I, FEC Services, LLC, a Florida LLC (Print Name of Person Resigning)		
Member		
	(Print Title)	
of this limited lia resignation in wr		limited liability company has been notified of my
Signature of D	ec. Pur. of FeC Services, is issociating Member or Resign	ing Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	
certified copy.	\$50.00 (Optional)	