

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
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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)

. The Florida document/registration number a	ssigned to this limited liability company is:
L19000071546	
. The date this member/manager withdrew/res	signed or will withdraw/resign is: 5/7/3019
Angola D. Mohan	, hereby withdraw/resign as a
(Print Name of Person Resigning)	27
Authorized Member	
(Print Title)	က္
of this United liability company and affirm the	he limited liability company has been notified of my
resignation in writing.	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)