## 119000 161 869

(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:			

Office Use Only



900344504879



2020 HAY 18 FII 4:37

O SIMMONS JUN 05 2020



2620 HAT 18 PH 4: 37

## 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)

	e limited liability company as it a	ppears on the records of the Florida Department
2. The Florida doc L19000161869	cument/registration number assign	ned to this limited liability company is:
	ember/manager withdrew/resigne RLY Name of Person Resigning)	d or will withdraw/resign is: May 13, 2020 _, hereby withdraw/resign as a
(Print I MGR	Name of Person Resigning)	
	(Print Title)	
of this limited lia resignation in wr		nited liability company has been notified of my
Ž.	1/1/2/1	
Signature of D	issociating Member or Resigning	Manager
_	\$25.00 (Required) \$30.00 (Optional)	