L'20 00000 86 22

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
6			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer.			

Office Use Only



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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)

1. The name of the lin	mited liability company as it ap	opears on the records of the Florida Department
of State is:	sdern Cash	JLLC.
2. The Florida docum	ent/registration number assign	ed to this limited liability company is:
L200000	8622	
3. The date this memb	ber/manager withdrew/resigner	d or will withdraw/resign is: $2/13/7020$
4.1. <u>Shavo</u>	in Digag	_, hereby withdraw/resign as a
Adhorize	e of Person Resigning) Representation Title	Ve.
of this limited liabilities	• •	nited liability company has been notified of my
_ Lhus	0194	
Signature of Disso	ociating Member or Resigning	Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	