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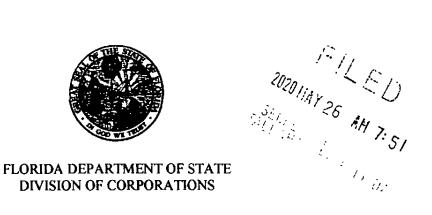
TO: Registration Section	
Division of Corporations	
SUBJECT:	
(Name of Limi	ited Liability Company)
The enclosed member, resignation or dissociation	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
(Contact Person)	
(Firm/Company)	
(Address)	
(City/State and Zip Code)	
For further information concerning this matte	er, please call:
(Name of Contact Person)	at () (Area Code & Daytime Telephone Number)
Enclósed please find a check made payable to \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallanassee

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: IRON BUTTERFLY GROUP, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L200000110071
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/22/2020
4. I, JEFFREY N. MCKOY , hereby withdraw/resign as a (Print Name of Person Resigning)
MANAGER (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
after N. Aton
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)