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TO: Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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	limited lia	ability company as i	t appears on the re	cords of the Fl	orida Depa	artment
of State is:	THE	PRIME	COLLEC	TION.	116	· ·
2. The Florida docu	ıment/regi	stration number ass	igned to this limite	ed liability com	npany is:	
1200	0003	24372				
3. The date this me	mber/man	ager withdrew/resig	gned or will withdr	raw/resign is: _	Dec, 2	<u>3,2</u> 020
4. I, 50 Print No.		LAMAN on Resigning)	, hereby withd	raw/resign as a	l	
AP	Print Title)	pany and affirm the			7.1729	• •
of this limited liab resignation in wri	oility com	pany and affirm the	limited liability co	ompany has be	29	of my
Signature of Di	ssociating	Member or Resign	ing Manager	- ·	PH 2: 32	
Filing Fee: Certified Copy:		(Required) (Optional)				