## L21 000 169 551

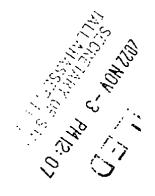
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE JAN 3 1 2003			





300396240413

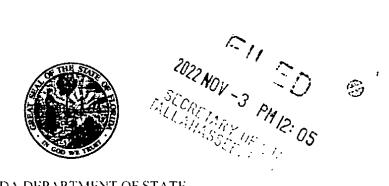
11/03/22--01019--001 \*\*25.00



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## **COVER LETTER**

Division of Corporations	
One Belief a Day SUBJECT:	
	mited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Danielle Randall	
(Contact Person)	
One Belief a Day	
(Firm/Company)	<del></del>
516 19th Lane	
(Address)	
Vero Beach, FL 32960	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
Danielle Randall	772 9255104 at ( )
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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 liability company as	it appears on the records of the Florida Department
of State is:		·
2. The Florida docu L2100169551	ument/registration number as	signed to this limited liability company is:
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resign is:
4. I. Susan Stone		, hereby withdraw/resign as a
Director	•	
<del></del>	(Print Title)	
resignation in wr		e limited liability company has been notified of my  ning Manager
_	\$25.00 (Required) \$30.00 (Optional)	