# 121000193514

(Requestor's Name)
(Address)
(Address)
(City/Chana Tile/Chana 40)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocoment Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

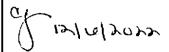
Office Use Only



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SECRETARY OF STATE
TALL A HASSEF EL



## COVER LETTER

TO:	_	stration Section			
	Divis	ion of Corporatio	ns		
SUBJI	ECT:	FRANAHCO HOLI	DINGS, LLC		
		(Name of Limited Liability Company)			
The er	nclosed	l member, resigna	tion or dissoci	ation and fee(	(s) are submitted for filing.
Please	return	all corresponden	ce concerning	this matter to	:
NATHA	ANEN	ACHLAS			
		(Contact P	'erson)		
FRANA	AHCO I	HOLDINGS, LLC			
		(Firm/Con	npany)		_
1601 C	CLINT N	MOORE RD SUITE	170		
		(Addres	(8)		
BOÇA	RATO	N, FL, 33487			
		(City/State and	d Zip Code)		_
For fu	rther i	nformation concer	rning this matt	er, please call	:
CONN	OR RE	ED		561 _ at (	859-7533
	(N	ame of Contact Per			e & Daytime Telephone Number)
	sed plo 5 Filin		nade payable t		Department of State for: ng Fee & Certified Copy
	Mailir	ng Address:			Street Address:

Registration Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Registration Section
Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

#### FILED

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SECRETARY OF STATE TALLAHASSEE, FL

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department NAHCO HOLDINGS, LLC
2. The Florida doc L21000193514	ument/registration number assigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is:
4. I,	Nachlas, hereby withdraw/resign as a
MANAGER	
<del></del>	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my fiting.
	Frannades
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)