## h21000246239

(Requestor's Name	)	
(Address)		
(Address)		
(City/State/Zip/Phor	ne #)	
PICK-UP WAIT	MAIL	
(Business Entity Na	ime)	
(Document Number)		
Certified Copies Certificate	es of Status	
Special Instructions to Filing Officer:		
	1	

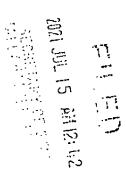




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27 (27/2) (000025-10.4) (4/20.00)

1506 / 20/80 HT





## 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)

	e limited liability company as	it appears on the records of the Florida Department
2. The Florida doc L21000246239	ument/registration number as	signed to this limited liability company is:
		gned or will withdraw/resign is:
	Name of Person Resigning)	<del></del>
Manager		
	(Print Title)	
of this limited lia resignation in w		e limited liability company has been notified of my
	(i)	
Signature of D	issociating Member or Resign	ning Manager
Filing Fee	\$25.00 (Required)	
Certified Copy	\$30,00 (Optional)	