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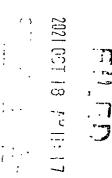
(Requestor's Name)				
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificate:	s of Status		
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Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations	·
CUBII	The Leap Effect Group Florida LLC	
SUBJI	(Name of Limited Liability (Company)
The en	sclosed member, resignation or dissociation and fe	e(s) are submitted for filing.
Please	return all correspondence concerning this matter	to:
Lynn M	Aarshall	
 -	(Contact Person)	
The Le	tap Effect Group Florida LLC	
	(Firm/Company)	
293 Ma	agneta Loop	
	(Address)	
Aubur	ndale/ FL 33823	
	(City/State and Zip Code)	
For fi	arther information concerning this matter, please c	all:
Lynn	Marshall 912 at (256-6468 Code & Daytime Telephone Number)
	(Name of Contact Person) (Area C	Code & Daytime Telephone Number)
	osed please find a check made payable to the Flori 25 Filing Fee \$55 F	da Department of State for: iling Fee & Certified Copy
	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)

	limited liability company as i æap Effect Group Florida LLC	• •	the Florida Department
	ument/registration number ass		ty company is:
	ember/manager withdrew/resig	gned or will withdraw/resig	n is:
4. I, Tony Simmons J	R Name of Person Resigning)	, hereby withdraw/resig	gn as a
SEC	(Print Title)		
resignation in wr	bility company and affirm the iting.		21 OCT 18
Signature of D	issociating Member or Resign	ing Manager	
_	\$25.00 (Required) \$30.00 (Optional)		1 : -