LZI 000 332328

| (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: | | | | |
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| | | | | |

Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | . • |
|-------------|--|--|
| SUBJ | ECT: ANDF1 2 (Name of Limited Lia | bility Company) |
| The er | nclosed member, resignation or dissociation | and fee(s) are submitted for filing. |
| Please | e return all correspondence concerning this m | atter to: |
| | Marc F(c, +ag (Contact Person) | |
| | ANAFZ LLC (Firm/Company) | |
| | 4870 N Hills DC | |
| | Holly word, FL 3308 (City/State and Zip Code) | <u> </u> |
| For fu | orther information concerning this matter, ple | ase call: |
| <u>'U')</u> | (Name of Contact Person) at (| rea Code & Daytime Telephone Number) |
| | sed please find a check made payable to the loss Filing Fee | Florida Department of State for: 55 Filing 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 it app | ears on the records of the Florida Department |
|--|-------------------------------------|---|
| | - | to this limited liability company is: |
| L 2 1000 | 032338 | |
| | | or will withdraw/resign is: 7/30/31 |
| 4. I. PRIE | ame of Person Resigning) | hereby withdraw/resign as a |
| MG1 | (Print Title) | |
| of this limited lial resignation in wr | | ted liability company has been notified of my |
| | p Days. | |
| Signature of Di | issociating Member of Resigning N | Manager |
| Filing Fee: | \$25.00 (Required) | |
| Certified Copy: | \$30.00 (Optional) | |