422000016771

Aundria Cohen	
(Requestor's Name)	
(Address)	
40922 ROYal Trails R	d
Eustis Fl 32736 (City/State/Zip/Phone #)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only

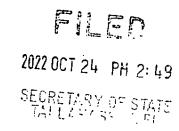


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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department.
2. The Florida doc	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
ALIMBDIA D CO	
Λb.	
	Print Title)
of this limited lia resignation in wr	oility company and affirm the limited liability company has been notified of my ting.
Signature of D	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	S25.00 (Required) S30.00 (Optional)