L22000505947

(R	equestor's Name)	
(Ar	ddiess)	
— (A	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
(O ₁	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ing Officer.	-

Office Use Only



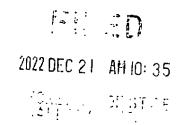
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Dependable un (Name of Lin	nited Liability Company)
The er	nclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to:
	Product Person)	<u> </u>
De	pende ble unique is	III withfire
	(Address) (Address)	toupland
	Wath Andrahil (City/State and Zip Code)	35062
For fu	rther information concerning this mat	ter, please call:
	(Name of Contact Person)	at () (Area Code & Daytime Telephone Number)
	sed please find a check made payable 5 Filing Fee	to the Florida Department of State for: S55 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





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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Deparda Ble Unique Thridation U.
2. The Florida document/registration number assigned to this limited liability company is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/26/32
4. I, Receipt withdraw/resign as a (Print Name of Person Resigning)
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)