L23000062869

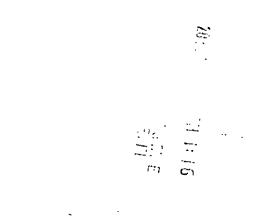
(Requestor's Name)
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COVER LETTER

TO: Registration Section	
Division of Corporations	
PROFESSIONAL BUSINESSMAN	N LLC
(Name of Li	mited Liability Company)
The enclosed member, resignation or dissort	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
LOGAN MCKNIGHT	
(Contact Person)	
FLORIDA MANAGEMENT ASSOC. INC	
(Firm/Company)	
1519 CHANDLER AVE	
(Address)	
CLEARWATER/FL 33755	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
LOGAN MCKNIGHT	850 491-7434 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$\Bigsim \frac{1}{25} \text{ Filing Fee}\$	to the Florida Department of State for:
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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)

~	er assigned to this limited liability company is:
L23000062869	
The date this member/manager withdrew	/resigned or will withdraw/resign is:
LOGAN MCKNIGHT	, hereby withdraw/resign as a 2 2
(Print Name of Person Resigning)	
MGR	
(Print Title)	
of this limited liability company and affirr resignation in writing.	n the limited liability company has been notified of my
Sym Mills	_
Signature of Dissociating Member or Re	• • •

Certified Copy: \$30.00 (Optional)