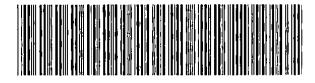
123000259126

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

Registration Section

TO:

Division of Corporations RIGHT ROUTE A-Z, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: JONATHAN DOUGLAS (Contact Person) RIGHT ROUTE A-Z, LLC (Firm/Company) 2630 W BROWARD BLVD, STE 203 (Address) FT LAUDERDALE, FL 33312 (City/State and Zip Code) For further information concerning this matter, please call: 954 **CHANEL DOUGLAS** _ at (_____ (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Street Address: **Mailing Address:** Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 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)

The name of the limited liability company as it appears on the records of the Florida Department of State is:
2. The Florida document/registration number assigned to this limited liability company is: L23000259126
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
CHANEL DOUGLAS , hereby withdraw/resign as a
(Print Name of Person Resigning)
MGR
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Chanel H. Douglas
Signature of Dissociating Member or Besigning Manager
202

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee: Certified Copy: