L23000278271

(Requestor's Name)				
(Address)				
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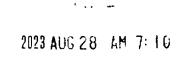
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COVER LETTER

TO:	Registration Section Division of Corporations		
	Division of Corporations		
SUBJ	ECT: InkAdmin, LLC		
	(Name of Limit	ed Liability Co	mpany)
The er	nclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please	return all correspondence concerning the	his matter to:	
Alyson	M. Laderman, Esq.		_
	(Contact Person)		
Ladem	nan LaPorte Law, LLC		
-	(Firm/Company)		_
815 N.	Magnolia Avenue		_
	(Address)		
Orland	o, FL 32803		
	(City/State and Zip Code)		_
For fu	rther information concerning this matter	r, please call:	
Alyson	M. Laderman, Esq.	407 at (676-5544
	(Name of Contact Person)	(Area Code	2 & Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee	the Florida I	Department of State for: g Fee & Certified Copy
_ ,	S		
	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)

	imited liability company a	s it appears on the records of the Florida Department
2. The Florida docum L23000278271	ment/registration number a	assigned to this limited liability company is:
3. The date this men	mber/manager withdrew/re	signed or will withdraw/resign is:
4. I, Peyton E. Flanders (Print Name of Person Resigning)		
Manager	,	
(1	Print Title)	
of this limited liab resignation in writ		he limited liability company has been notified of my
DocuSigned by:		
Signature of Dis	sociating Member or Resi	gning Manager
	\$25.00 (Required) \$30.00 (Optional)	