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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to I	Filing Officer:	
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TO: Registration Section

Tallahassee, Florida 32301

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Registration Section Division of Corporations		
P.O. Box 6327 Tallahassee, Florida 32314		



FLORIDA DÉPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

		it appears on the records of the Flo		ment
2. The Florida docs	_	signed to this limited liability com	pany is:	
3. The date this mo	:mber/manager withdrew/resi	gned or will withdraw/resign is: $\frac{0}{2}$	3/16/2018	
GUNTER HI	RSCH 'ame of Person Resigning)	, hereby withdraw/resign as a		
	(Print Title)			
resignation in wr	· · · · · · · · · · · · · · · · · · ·	e limited liability company has bee	n notified of	ſmy
	issociating Member or Resign	ning Manager	IALLA)	2 7
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ASSEE, FLORIO	