M13 0000004164

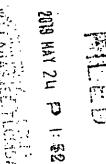
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
la set	
Deleger or williams	,\^
	X/

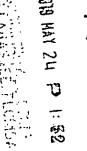
Office Use Only



600329928226

600329928226 05/24/19--01020--014 **75.00









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)

	limited liability company as	s it appears on the records o	of the Florida Depar	rtment
2. The Florida doc M1300000416	ument/registration number as	ssigned to this limited liabil	lity company is:	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resi	ign is: 05-17	19
Filas Amkie i	A\/\/			
(Print N	ame of Person Resigning)	, nereby withdrawites	iigii as a	
Manager				
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm th iting.	ne limited liability company	has been notified	of my
Signature of Di	ssociating Member or Resig	ning Manager	N 24	
=	\$25.00 (Required) \$30.00 (Optional)	·	TO THE	