## M17000 004 178

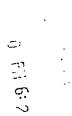
(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	<del>=</del> #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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## **COVER LETTER**

_	istration Section ision of Corporations		
SUBJECT	·-	Limited Liability Cor	npany)
The enclose	ed member, resignation or diss	ociation and fee(s	s) are submitted for filing.
Please retur	n all correspondence concerni	ng this matter to:	
Michael D	eMinico		
	(Contact Person)		_
	(Firm/Company)		<del>_</del>
004041.0			
2246 N. S	t. James Pkwy.		
	(Address)		_
Cleveland	Heights, Ohio 44106		
	(City/State and Zip Code)		_
For further	information concerning this m	atter, please call:	
Michael D	eMinico	216 at (	570-7818
()	Name of Contact Person)		& Daytime Telephone Number)
=	ease find a check made payab ng Fee		•
	COURIER ADDRESS:		MAILING ADDRESS:
Registration			Registration Section
Clifton Buil	Corporations		Division of Corporations P.O. Box 6327
	itive Center Circle		Tallahassee, Florida 32314
	, Florida 32301		

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)

1. The name of the of State is:	·	s it appears on the records of the Florid	a Department
2. The Florida doc M170000041	_	ssigned to this limited liability compan	y is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:	19
4. I. Michael DeN	Ainico	, hereby withdraw/resign as a	
Secretary			
	(Print Title)		
of this limited lia resignation in wr		ne limited liability company has been n	otified of my
Signature of D	issociating Member or Resig	ning Manager	75.3 (72.3 (72.3 (72.3)
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		.5:
			<b>∵</b>