

**RESOLUTION BY MEMBERS
TO RENOUNCE AN ALTERNATE NAME
IN THE STATE OF FLORIDA**

We, the undersigned, do hereby certify that we are the Managers and/or Managing Members of _____, a limited liability
(Name of Limited Liability Company)

company duly organized and existing under the laws of _____.
(State or Country of Organization)

Because the name of this foreign limited liability company now satisfies the requirements of s. 608.406, Florida Statutes, the limited liability company hereby renounces the following alternate name in the state of Florida:

(Alternate Name Renounced in State of Florida)

Date: _____

Signature(s) of Manager(s) and/or Managing Member(s):

FILING FEE \$25

**Make check payable to Florida Department of State and mail to:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**