

LO9000092706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

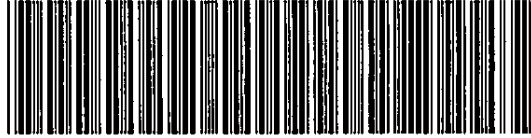
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/03/17--01017--007 **25.00

JAN 04 2017
S. YOUNG

17 JAN -3 AM 8:00
SECRETARY OF STATE
ALABAMA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CODEREIGN TECHNOLOGIES, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

PAUL MURPHY

(Contact Person)

CODEREIGN TECHNOLOGIES, LLC

(Firm/Company)

111 DUNES EDGE ROAD

(Address)

JUPITER, FL 33477

(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL MURPHY

(Name of Contact Person)

561

at ()

758 0297

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

17 JAN -3 AM 8:01
STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



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 limited liability company as it appears on the records of the Florida Department
of State is: CODEREIGN TECHNOLOGIES, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L09000092706

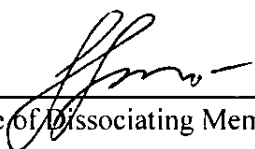
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/27/2016

4. I, ANNA ANDERSEN, hereby withdraw/resign as a
(Print Name of Person Resigning)

AUTHORIZED MEMBER
(Print Title)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN -3 AM 8:01

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)