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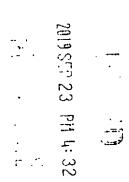
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TOPDESK USA DCS 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:		
NANCY VAN ELSACHER LOUISNORD (Contact Person)		
(Firm/Company)		
5097 PALMETTO PARK DR (Address)		
WINTER GARDEN FL 34787 (City/State and Zip/Code)		
For further information concerning this matter, please call:		
NANCY VAN ELACKER LOUSING (321) 276 0875 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\mathbb{A}\$ \$25 Filing Fee \$\mathbb{C}\$ Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations		

P.O. Box 6327

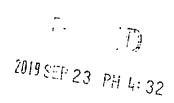
Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building
2661 Executive Center Circle

Tallahassee, Florida 32301





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:	OPDESK USA DCS LLC
	iment/registration number assigned to this limited liability company is:
L 1500	00036173
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 06/24/2019
4. I, NANCY V (Print N	AN ELSACUER LOUISU, hereby withdraw/resign as a fame of Person Resigning)
MANA	GER (Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my iting.
A	Webache
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
Certifica Copy.	asoloo (Optionar)