## L17 0000 82152

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Consume and Numbers)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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## 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  POWERCORE SERVICE	it appears on the records of the F	lorida Depar	tment
2. The Florida doci		signed to this limited liability cor	npany is:	
DEMPS	SEV HASHAM	gned or will withdraw/resign is:, hereby withdraw/resign as		<del></del>
	AMBR (Print Title)			
of this limited lia resignation in wr		e limited liability company has be	een notified o	of my
Signature of Di	issociating Member or Resign	ning Manager	MAY (	7
	\$25.00 (Required) \$30.00 (Optional)		31 AM & 40	I.ED

## **COVER LETTER**

Div	ision of Corporations					
SUBJECT	POWERCORE SERVICES LLC					
SOULCI		(Name of Limited Liability Company)				
The enclose	ed member, resignation or dissoc	ation and fee(s) are subm	itted for filing.			
Please retur	m all correspondence concerning	this matter to:				
	DEMPSEY BASHAM					
	(Contact Person)	<del></del>				
	NA					
<del>*</del>	(Firm/Company)					
	1000 W HORATIO ST # 203					
	(Address)					
	TAMPA, FL 33606					
	(City/State and Zip Code)					
For further	information concerning this matt	r, please call:				
DEM	IPSEY BASHAM	813 330-57	57			
Te	Name of Contact Person	(Area Code & Daytime	Telephone Number)			
Enclosed pl	ease find a check made payable t	the Florida Department	of State for:			
□ \$25 Filir	ng Fee	\$55 Filing Fee & Cer	tified Copy			
	ing Address:	Street Addre				
	istration Section	Registratio				
P O	ision of Corporations Box 6327		f Corporations c of Tallahassee			
	ahassee, FL 32314		on Tallanassee onroe Street, Suite 810			
	,		e. FL 32303			

CR2E079 (2/14)

TO: Registration Section