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COVER LETTER

	gistration Section vision of Corporations					
SUBJECT	Steven Robert Natschke LLC					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Name of Limited Liability Company)				
The enclos	ed member, resignation or disse	ociation and fee	(s) are submitted for filing.			
Please retu	rn all correspondence concerni	ng this matter to):			
Steven Nats	chke					
	(Contact Person)					
Steven Robo	ert Natschke LLC					
	(Firm/Company)		_			
442 Skylark	Boulevard					
	(Address)					
Satellite Bea	ich, FL 32937					
	(City/State and Zip Code)		_			
For further	information concerning this m	atter, please cal	l:			
Steven Nats	chke	321 at (473-4507			
	(Name of Contact Person)	(Area Coo	de & Daytime Telephone Number)			
Enclosed p	blease find a check made payabing Fee		Department of State for: ng Fee & Certified Copy			
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81			



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:	n Robert Natschke LLC		·	
2. The Florida doc L21000078127	ument/registration number assi	gned to this limited liabilit	ty company is:	
3. The date this me	mber/manager withdrew/resign	ned or will withdraw/resig	n is:	
4. 1. Carmen M. Nats	chke 'ame of Person Resigning)	, hereby withdraw/resign as a		
MGR				
	(Print Title)		:: No	
of this limited fia resignation in wr	bility company and affirm the liting.	imited liability company h	nas been notified fmy	
Carmen 1	Vatachke		30 P	
Signature of Di	ssociating Member or Resignir	ng Manager	JUN 30 PM 2: 48	
	\$25.00 (Required)		₃ . W	
Certified Copy:	\$30.00 (Optional)			