## 11600229808

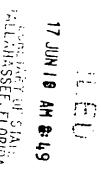
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

CR2E079 (2/14)

SUBJECT: A Permit Solution	LLC		
(Name of Limited Liability Cor	npany)		
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.		
Please return all correspondence concerning this matter to:			
Janeve TRimino (Contact Person)	_		
A Permit Solution (Firm/Company)	_		
14566 SW 250th St HD1 (Address)	304		
HUVY Strad, F1 33037 (City/State and Zip Code)	_		
For further information concerning this matter, please call:			
<u>JANEVE TIZYMYNU</u> at <u>(785</u> (Name of Contact Person) (Area Code	587-4147 & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida I			
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		



## 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 li	mited liability company as it appears on the records of the Florida Department	
of State is:	Permit Suntrun LLC	
2. The Florida docum	nent/registration number assigned to this limited liability company is:	
L160002	29808	
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is:	
4. I. <u>IV) EVE</u> (Print Nan	TRANSPOO hereby withdraw/resign as a Form of Person Resigning)	
Manag	PY cint Title)	
,	(ity company and affirm the limited liability company has been notified of my	
resignation in writing	∱g.	
Signature of Diss	ociating Member or Resigning Manager	
Hiling Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	