L18000079881

(Requestor's Name)				
(Address)				
•	·			
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
•	_			
Special Instructions to	Filing Officer:			

Office Use Only



200352187322

RECEIVED SEP 2 8 2020

09/29/20--01014--018 **55,00

MO SEP 28 P IZ: 31

11/5/20

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: 342 Mad Solutions 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:
Laura Coyle (Contact Person)
342 Mad Solutions LLC (Firm/Company)
4023 78th Dr. E
Surasita, 7L 34243 (City/State and Zip Code)
For further information concerning this matter, please call:
Laura Coyle at (941), 544-58-78 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



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 th	ie limited liability company as	it appears on the records of	of the Florida Department
C Contain.	342 Mad Soluti	ings LLC	
of State is:	/ 1 x 11 xxx - x 1 x 1	<u> </u>	<u> </u>
2. The Florida do	cument/registration number as	signed to this limited liab	ility company is:
L18000	X079821		
3. The date this m	nember/manager withdrew/resi	igned or will withdraw/res	sign is: <u>C6/01/202</u> 0
4. I, <u>Mr. Ny</u> (Prihi.		hereby withdraw/re	
_ Mana	GET (Print Title)		
of this limited liz	ability company and affirm th	e limited liability compar	ny has been notified of my
resignation in wi	riting		·
			SEP -
$\langle M/M/C$	- 1000		FILED SEP 28 P
	issociating Member or Resign	ning Manager	The Time I
Signature of D	issociating intemper of icesign		D STATE ORIGINAL STATES
			हिंह प
Filing Fee:	\$25.00 (Required)		7
Certified Copy:	\$30.00 (Optional)		