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S. WARREN AUG 1 1 2017

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: LP Technology, LLC		
(Name of Limi	ted Liability C	ompany)
The enclosed member, resignation or dissocia	ition and fee	(s) are submitted for filing.
Please return all correspondence concerning t	his matter to):
Lewis J. Lopez		
(Contact Person)		
(Firm/Company)		
12435 Flemington Rd		
(Address)		
Jacksonville, FL 32223		
(City/State and Zip Code)		
For further information concerning this matte	r, please cal	l:
Lewis J. Lopez	904 at (610-7175
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section
Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahagas Clasida 22201		

CR2E079 (2/14)



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)

		it appears on the records of the Fl	lorida Department
	ment/registration number as	signed to this limited liability con	npany is:
3. The date this mental 4. I, Lewis J. Lop	mber/manager withdrew/resiez www.or.person.esigning)	igned or will withdraw/resign is:, hereby withdraw/resign as a	6/1/2017
Partner	Print Title)		
·	oility company and affirm the	e limited liability company has be	en notified of my
Signature of Dis	is J. Member or Resign	ying Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TA AUG