10200021293

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BETA PRIME, LLC		
(Name of Limited Liability Com	ipany)	
The enclosed member, resignation or dissociation and fee(s)) are submitted for filing.	
Please return all correspondence concerning this matter to:		
GREG GIAMETTA	_	
(Contact Person)		
BETA PRIME, LLC		
(Firm/Company)	•	
5911 HICKORY DRIVE		ì
(Address)		:1 ()
FORT PIERCE, FLORIDA, 34982	30 1	Ī
(City/State and Zip Code)		-
For further information concerning this matter, please call:		
GREG GIAMETTA 845	275 4110	
(Name of Contact Person) (Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	Department of State for: Fee & Certified Copy	
	MAILING ADDRESS:	
Registration Section Division of Corporations		
Clifton Building	•	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	

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)

	limited liability company as A PRIME, LLC	it appears on the records of the Florida Department
	ument/registration number a	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is: 12/31/2017
4. I, DONNA ZATYKO (Print Name of Person Resigning)		hereby withdraw/resign as a
MEMBER	une of terson resigning	OF OF
		e limited liability company has been notified of my
2-or	a Jalyto	
Signature of Di	ssociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	