W3000045743

| (Requestor's Name) (Address) (Address) | 100046855571 | |
|--|-------------------------------|--|
| (City/State/Zip/Phone #) | MJĄ | |
| (Business Entity Name) (Document Number) | 02/21/0501065003 **50.00 ' | |
| Certified Copies Certificates of Status Special Instructions to Filing Officer: | 05 FEB 21 PH 2: 29 | |

FSUDOCSIA Adata

16A0013076

TRANSMITTAL LETTER

| TO: Registration So Division of Co | | | | | |
|--|--|---|--|--|--|
| SUBJECT: Po | Name of Lin | Genent Systems inted Liability Company) | LLC | | |
| The enclosed Articles of | f Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | Larrol | Eduards Jame of Person) | : | | |
| | Precedent N | Jangement Sychen Firm/Confpany) | us, LL (| | |
| | 3600: W. Co | mercy Bluck Ste (Address) | 103B | | |
| Kissinne FC 3474/ (City/State and Zip Code) | | | | | |
| For further information | concerning this matter, please c | all: | | | |
| La | (Name of Person) | at (<u>407)</u> 970 (Area Code & Daytime | 7 - 4/40 Telephone Number) | | |
| Enclosed is a check for the | e following amount: | | | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy | | |

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I, | John Gare: a , hereby resign as Manay. (Title) | <u>e-</u> | | |
|--------|---|-----------|-----------|-------------------|
| of | Precedent Management Systems, LIC (Limited Liability Company) | | , | |
| | red liability company organized under the laws of the State of Florida | | و | |
| and af | firm that the limited liability company has been notified in writing of the resig | nation. | | |
| | (Signature of resigning manager, managing member or member) | | | |
| | | DATE | 05 FEB 2 | , 1200 1200 |

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314