## L05000012555

(Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Document Number)				
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Florida Mobile Speed. Testing LLC (Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are sul	omitted for filing.
Please return all correspondence concerning this matter to:	
Timothy E. Spaulling (Contact Person)	
Florida Mobile Spaed Testing LC (Firm/Company)	
12333 Twin Pend Ln (Address)	
Jax, FL 32218 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Timethy E. Saulding at (904) 50 (Name of Contact Person) (Area Code & Dayti	71-6917 ime Telephone Number)
Enclosed please find a check made payable to the Florida Departme  □ \$25 Filing Fee  □ \$55 Filing Fee &	ent of State for: Certified Copy
Registration Section Registra	ING ADDRESS: ration Section on of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

2661 Executive Center Circle Tallahassee, Florida 32301

Clifton Building

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)

1. The name of the	limited liability company a	s it appears on the re	cords of the Florida Departme
of State is: Flo	rida Mobile Speed T	esting LC	
2. The Florida docu	ıment/registration number a	assigned to this limite	ed liability company is:
L05000129	599		
3. The date this me	mber/manager withdrew/re	signed or will withdr	raw/resign is: 3 1 14
4. I, Lori D (Print N	.Spaulding  Jame of Person Resigning)	, hereby withd	raw/resign as a
_Authorized	Member . (Prini Title)		SEGNAL ARE
of this limited lial resignation in wri	•	he limited liability co	ompany has been notified of m
_ Seci &	2. Spaulding		AH 9:18
Signature of Di	ssociating Member or Resi	gning Manager	No.
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		