L0500006887

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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SECRETARY OF STATE
TALL ANASSEE FI

COVER LETTER

TO: Registration Section Division of Corporations							
Bontell & Associates, LLC SUBJECT:							
	of Limited Liability Con	npany)					
The enclosed member, resignation or d	issociation and fee(s) are submi	tted f	or fili	ing.		
Please return all correspondence conce	rning this matter to:						
Lori Bontell							
(Contact Person)		_					
Bontell & Associates, LLC							
(Firm/Company)		_					
8220 Westminster Abbey Blvd							
(Address)	<u> </u>	_				2	
Orlando, Florida 32835					SECRETARY OF STALLAHASSER	024 MC	-11
(City/State and Zip Code)	1	_			LAH AA)¥ 21	
For further information concerning this	s matter, please call:				128.4 10.4.08	0 11	: :-[-]
Lori Bontell	407 at (1			-496	-4 - 4.	51 (cell)
(Name of Contact Person)	(Area Code	& Daytime	Telep	hone l	Number	<u></u>	
Enclosed please find a check made pay ☐ \$25 Filing Fee	vable to the Florida D \$55 Filing	-					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Addr Registration Division of	n Se f Cor	porat			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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)

The name of the limited liability company as of State is: Bontell & Associates, LLC	it appears on the records of the Florida Department
2. The Florida document/registration number ass LO5000066887	signed to this limited liability company is:
3. The date this member/manager withdrew/resi	gned or will withdraw/resign is:
4. I, Matthew J Bontell (Print Name of Person Resigning)	, hereby withdraw/resign as a SECRETALLAH
Manager	LETA 20 21
(Print Title) of this limited liability company and affirm the	e limited liability company has been notified of my
resignation in writing. Matthew A Mantelle	The state of the s
Signature of Dissociating Member or Resign	ning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)