

W060000013481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

W06-13481

(Document Number)

Certified Copies _____ Certificates of Status _____

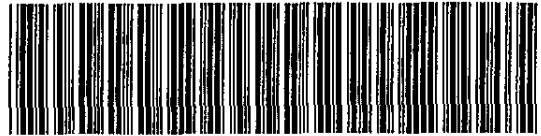
Special Instructions to Filing Officer:

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Data Systems, LLC LOW000013481
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amber Feldman
(Name of Person)

Data Systems, LLC
(Firm/Company)

16194 N. Federal Hwy
(Address)

Boca Raton, FL 33487
(City/State and Zip Code)

For further information concerning this matter, please call:

Amber Feldman at (561) 541-0085
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Amber Feldman, hereby resign as Member
(Title)

of Data Systems, LLC,
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,

and affirm that the limited liability company has been notified in writing of the resignation.

Amber Feldman
(Signature of resigning manager, managing member or member)

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

FILED
06 APR 21 PM 12:29
TALLAHASSEE, FLORIDA