

L06000025924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

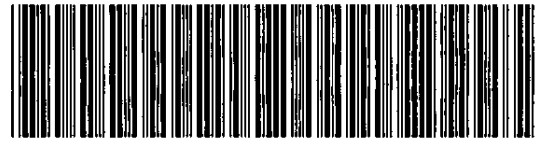
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500290843295

10/04/16--01008--011 \*\*55.00

RECEIVED  
16 OCT -3 AM 11:25  
CLERK

OCT 05 2016

Y S ER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CERVELLO TECHNOLOGIES LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

BARBARA J. PRASSE, ESQ.

(Contact Person)

BARBARA J. PRASSE, PA

(Firm/Company)

PO BOX 173497

(Address)

TAMPA, FL 33672

(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA PRASSE, ESQ.

(Name of Contact Person)

at ( 813 ) 258-4422

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**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



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 as it appears on the records of the Florida Department of State is: Cervello Technologies, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L06000025924

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/14/2016

4. I, Mike Kontodiakos, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Member

(Print Title)

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

9/21/16

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)



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 as it appears on the records of the Florida Department of State is: Cervello Technologies, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L06000025924

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/14/2016

4. I, Mike Kontodiakos, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Member

(Print Title)

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

9/21/16

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)