## ل ماله

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(Re	questor's Name	e)
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Pho	ne #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity N	ame)
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#### **COVER LETTER**

<ul><li>Registration Sec</li><li>Division of Corp</li></ul>		
subject: <i>Pe</i>	RSMA TOUCH (Name of Limited Liability Con	Contracting LLC
The enclosed member, r	esignation or dissociation and fee(s	) are submitted for filing.
Please return all corresp	ondence concerning this matter to:	
Jeff 1	Ontact Person)	
((	ontact Person)	- ·
PERSONAL	TOWH CONTRA	CHING CCC
(F	irm/Company)	or State
2677 Por	Man Summit	
Apiple	E/ 327/0	5: 05
(City	State and Zip Code)	
For further information	concerning this matter, please call:	,
Jeff M	at (Person) at (Area Code	316-3374
(Name of Con	act Person) (Area Code	& Daytime Telephone Number)
	heck made payable to the Plorida D	
Mailing Address:		Street Address:
Registration Sec	1	Registration Section
Division of Cor	porations	Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL	32314 	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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 lim	ted liability company as it appears on the records of the Florida Dep	artment
of State is: Per	SMAI Touch Contracting LCC	·
2. The Florida docume	nt/registration number assigned to this limited liability company is:	
L06000	057006	í
3. The date this member	er/manager withdrew/resigned or will withdraw/resign is: $\frac{1}{\sqrt{4}}$	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
4. I, LISA ROL	of Person Resigning)	
MGRN (Pris	of Person Resigning)  At Title)	
of this limited liability resignation in writing	y company and affirm the limited liability company has been notified	d of my +270 08 of cost of
	\$25.00 (Required) \$30.00 (Optional)	5: 05