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106000103066

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: AirPowered, LLC LOGCOCIO3066

(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:

James V Beyer

(Contact Person)

Evalcor, Inc dba PowerOne

(Firm/Company)

P.O. Box 428

(Address)

Tavares, FL 32778

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan O'Brien, Controller	352	253-1570
	at (	)
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee Certified Copy Check \* 67000

### 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

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 as it appears on the records of the Florida Department of State is: \_\_\_\_\_
- 2. The Florida document/registration number assigned to this limited liability company is: L06000103066
- 3. The date this member/manager veithdrew/resigned or will withdrew/resign is: \_\_\_\_\_
- Evalcor, Inc. dba PowerOne \_\_\_\_\_, hereby <del>withdraw</del>/resign as a \_\_\_\_\_\_, *Print Name of Person Resigning*) 4. I.

Manager

(Print Fitle)

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

Signature of Disacciating Member or Resigning Manager

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

