## L07000030091

(Re	questor's Name)	<del></del>
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## **COVER LETTER**

TO:		stration Section sion of Corporations			
SUBJ	ECT:	BERTEN, LLC			
0000		(Name of Limited Liability Company)			
The er	nclosed	f member, resignation or dis	sociation and fee(	(s) are submitted for filing.	
Please	e return	all correspondence concerr	ning this matter to	:	
Dean T	Fendrich	1			
		(Contact Person)		_	
Berter	ı LLC				
		(Firm/Company)		<b></b>	
8633 V	Zia Brill	iante			
		(Address)	· ···	_	
Wellin	gton, FI	33411			
		(City/State and Zip Code)		_	
For fu	rther ii	nformation concerning this r	natter, please call	;	
Dean T	Tendrich	ı	561 at (	254-5686	
	(N	ame of Contact Person)	(Area Cod	) e & Daytime Telephone Number)	
Enclo	sed ple	ase find a check made payal	ble to the Florida	Department of State for:	
<b>=</b> \$2:	5 Filing	g Fee	☐ \$55 Filin	ng Fee & Certified Copy	
		ng Address:		Street Address:	
		stration Section Sion of Corporations		Registration Section Division of Corporations	
		Box 6327		The Centre of Tallahassee	
	Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 81 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)

	TEN, LLC
2. The Florida doc	rument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
Io Anna Barkon	
Managing Memb	per '
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Volenne	Bukon
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)