## LU7000033687

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		Qa u



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Office Use Only

B. KOHR

JUL 1 2 2012

EXAMINER

## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Tech Koster (Name of Limite	L(C) d Liability Company)
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted f
Please return all correspondence concerning th	is matter to:
San Koster (Contact Person)	<del></del>
Ted Koctex L( (Firm/Company)	
(City/State and Zip/Code)	out
(City/State and Zip/Code)	3324
For further information concerning this matter	, please call:
(Name of Contact Person)	at (772) 579 3699 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:
STREET/COURIER ADDRESS:	<b>MAILING ADDRESS:</b>
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGE FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: TEO KOSTER LLC.
2. This limited liability company was organized under the laws of:
3. The Florida document/registration number of this limited liability company is:
4. I, Schloster, hereby resign as a MGR Meroger (Print Name of Person Resigning)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
<u>a</u>
Signature of Resigning Member, Managing Member or Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)