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(Re	equestor's Name)	
(Address)		
(Address)		
- (Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
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Resignation

APR 2 1 2020 I ALBRITTON

COVER LETTER

TO: Registration Section **Division of Corporations** Techshark LLC SUBJECT: (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: Robert Pryce-Jones (Contact Person) TechShark LLC (Firm/Company) 604 Spruce Creek Rd (Address) St Johns, FL 32259 (City/State and Zip Code) For further information concerning this matter, please call: Robert Pryce-Jones 904 (Name of Contact Person) (Area Code & Davtime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

March 14, 2020

ROBERT PRYCE-JONES 604 SPRUCE CREEK RD ST. JOHNS, FL 32259

SUBJECT: TECHSHARK, LLC Ref. Number: L07000107238

We have received your document for TECHSHARK, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

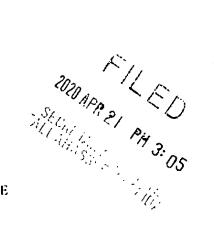
Letter Number: 620A00005679

Irene Albritton Regulatory Specialist II

www.sunbiz.org

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DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

DIVISION OF CORPORATIONS

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as i	t appears on the records of the Florida Department
2. The Florida docu 1.07000107238	ument/registration number ass	igned to this limited liability company is:
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is:20 Jun 2017
4. 1. Sabina Pryce-Jones (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
Manager/Memb	er	
	(Print Title)	
of this limited lia resignation in wr		limited liability company has been notified of my
Signature of D	ssociating Member or Resign	ing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	