# 108000053434

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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TALLAHASSEE EI

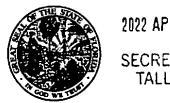
O SIMMONE APR 1 8 2022

#### **COVER LETTER**

Division of Corporations	
SUBJECT: ACME CONTROL LLC	
(Name of Limited	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
KAREN FINNIGAN	
(Contact Person)	<del></del>
ACME CONTROL LLC	
(Firm/Company)	<del></del>
2251 BROOKHAVEN	
(Address)	<del></del>
SARASOTA, FL 34239	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
KAREN FINNIGAN	708 287 2055
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	he Florida Department of State for:  ■ \$55 Filing Fee & Certified Copy
\$25 Filing Fee	= \$33 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section 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)

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#### 2022 APR -4 AM 7: 00

## SECRETARY OF STATE TALLAHASSEE, FL

### 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)

		as it appears on the records of the Florida Department
of State is:	E CONTROL LLC	
2. The Florida docu	ıment/registration numbe	r assigned to this limited liability company is:
L08000053434		
3. The date this me	mber/manager withdrew/	resigned or will withdraw/resign is: march 1, 2022
DODDOM O PRIMICANI		
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
MEMBER		
	(Print Title)	-·
resignation in wr	Mucjo	n the limited liability company has been notified of my
Signature of Di	issociating Member or Re	signing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	