108000101885

questor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
WAIT	MAIL				
(Business Entity Name)					
cument Number)					
Certificates	s of Status				
Special Instructions to Filing Officer:					
	dress) dress) dress) WAIT siness Entity Nan cument Number) Certificates				

Office Use Only



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AUG 0 8 2017 J SHIVERS

COVER LETTER

	_	stration Section ion of Corporations				
SUBJECT:	C T∙	Docassist LLC				
30000		(Name of Limited Liability Company)				
The enc	losed	I member, resignation or disso	ociation and fee(s	s) are submitted fo	or filing.	
Please r	eturn	all correspondence concerning	ng this matter to:			
Donald	i Lym	nan				
		(Contact Person)		_		
Uplevl						
		(Firm/Company)	. <u>. </u>	_		
1560 S	Sawg	rass Corporate Parkway, 4	Ith fi			
		(Address)		_		
Sunrise	e, Fl	33323				
		(City/State and Zip Code)		-		
For further information concerning this matter, please call:						
Donald	d Lyn	nan	561	289-2587		
	(N	ame of Contact Person)		& Daytime Telepl	hone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy						
Registra Division Clifton 2661 Ex Tallaha	ation n of C Build xecut ssee,	Corporations ding ive Center Circle Florida 32301		MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, Flo	etion porations	
CR2E079	(2/14)				1	



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 of State is:	limited liability company as it appears or assist LLC	n the records of the Florida Department
2. The Florida docu L0800010188	ment/registration number assigned to thi	is limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will	withdraw/resign is:
4. I,	n	y withdraw/resign as a
Manager and	- "	
	(Print Title)	
of this limited lia resignation in wr	oility company and affirm the limited lial	bility company has been notified of my
Signature of Di	see lating Member or Resigning Manago	7.4.1
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	