408000105510

(Re	questor's Name)	
(Ad	dress)	, , ,
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO:	_	stration Section ion of Corporations		
SUBJ	ЕСТ:	Topview Systems, LLC		
		(Name of	Limited Liability Con	npany)
The er	nelosed	I member, resignation or diss	sociation and fee(s) are submitted for filing.
Please	return	all correspondence concerni	ing this matter to:	
David	d Trolle	er		
		(Contact Person)		=
Belca	an, LLO	C		
		(Firm/Company)		_
1020	0 And	erson Way		
		(Address)		-
Cinci	nnati,	OH 45242		
		(City/State and Zip Code)	·····	-
For fu	rther in	nformation concerning this m	natter, please call:	
David	d Trolle	er	513	985 7257
	(N	ame of Contact Person)		& Daytime Telephone Number)
	sed ple 5 Filing	ase find a check made payab g Fee		epartment of State for: Fee & Certified Copy
		OURIER ADDRESS:		MAILING ADDRESS:
_		Section Corporations		Registration Section Division of Corporations
Cliftor	n Build	ling		P.O. Box 6327
		ive Center Circle Florida 32301		Tallahassee, Florida 32314

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)

	The name of the limited liability company as it appears on the records of the Florida Department of State is: Topview Systems, LLC
	The Florida document/registration number assigned to this limited liability company is: L08000105510
3. 1 4. I	Tandel Systems, Inc. (Print Name of Person Resigning) A /Z1/18, confirming previous Statements to persons Topicular daily greater to persons (Print Name of Person Resigning) member
	(Print Title)
	f this limited liability company and affirm the limited liability company has been notified of my esignation in writing. Signature of Dissociating Member or Resigning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)