

LO9000060081

Via

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

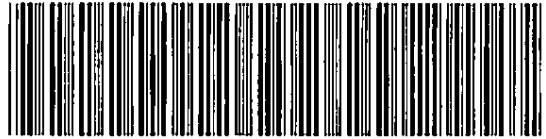
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000420301300

12/18/23--01015--001 ♦♦25.00

FILED

2023 DEC 18 PM 3:30

CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

PRODIMEX 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:

TAMER KEKEC

(Contact Person)

PRODIMEX LLC, MANAGER

(Firm/Company)

9951 ATLANTIC BLVD SUITE 316

(Address)

JACKSONVILLE, FL 32225

(City/State and Zip Code)


For further information concerning this matter, please call:

TAMER KEKEC 904 982-1500

(Name of Contact Person)

at () _____
(Area Code & Daytime 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:**

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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 limited liability company as it appears on the records of the Florida Department
PRODIMEX LLC
of State is: _____

2. The Florida document/registration number assigned to this limited liability company is:
109000060081

12/14/2023

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
VIGNESH GOTHANDARAMAN

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)
MGRM

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing. --



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2023 DEC 18 PM 3:30
CLERK OF STATE
TALLAHASSEE, FL