

LG9000080519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

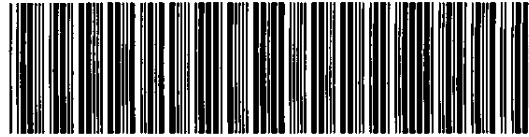
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
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14 DEC 22 AM 6:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 29 2014
T. LEAMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ProFiles V LLC

(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:

Ami McClure

(Contact Person)

ProFiles V LLC

(Firm/Company)

2323 Del Prado Blvd. #2

(Address)

Cape Coral FL 33990

(City/State and Zip Code)

For further information concerning this matter, please call:

Ami McClure

at (239) 573-6245

(Name of Contact Person)

(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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



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 of State is: ProFiles V LLC
2. The Florida document/registration number assigned to this limited liability company is:
L09000080519
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-01-14
4. I, Martin McClure, hereby withdraw/resign as a
(Print Name of Person Resigning)
AMBR
(Print Title)

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

A handwritten signature in black ink, appearing to read "Martin F. McClure", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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

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