10900009161

(Re	equestor's Name)			
(Address)				
(Ac	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nar	me)		
(Do	ocument Number)			
Certified Copies	Certificates	s of Status		
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"APR 1 0 2014" T. CARTER

COVER LETTER

Division of Corporations	
Converged Solutions and Services, LLC SUBJECT:	
(Name of Limited Liability Co	mpany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Mark Kruger	
(Contact Person)	_
Converged Solutions and Services, LLC	
(Firm/Company)	_
1450 SW 10th St., Suite B-2	
(Address)	_
Delray Beach, Florida 33444	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Michael Demetriou 561	445-2048
	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I □ \$25 Filing Fee ■ \$55 Filing	Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (2/14)





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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)

	e limited liability company as inverged Solutions and Serv	it appears on the records of the Florida Department ices, LLC
2. The Florida doc L0900009161	•	signed to this limited liability company is:
3. The date this mo	ember/manager withdrew/resig	gned or will withdraw/resign is:
4. I, Kenneth Moore (Print Name of Person Resigning)		
Managing Me		
	(Print Title)	
of this limited lia resignation in w		limited liability company has been notified of my
Signature of D	issociating Member or Resign	ing Manager
	\$25.00 (Required) \$30.00 (Optional)	