L04000 105155

(Re	equestor's Name)				
(Ad	dress)				
(Ad	ldress)				
(Cil	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

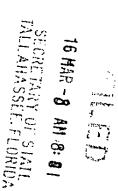
Office Use Only



800281506988

02/08/16--01009--007 **35.00

800281506988 03/03/16--01007--007 **50.00



MAR 09 2016 J SHIVERS



February 9, 2016

LEONARDO VIDAL 800 THORPE RD ORLANDO, FL 32824

SUBJECT: TEKNOVATION SERVICES, LLC

Ref. Number: L09000105155

We have received your document for TEKNOVATION SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 016A00002730



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2016

TEKNOVATION SERVICES LLC 800 THORPE ROAD ORLANDO, FL 32824-8015

SUBJECT: TEKNOVATION SERVICES, LLC

Ref. Number: L09000105155

2016 FEB 23 PH 3: 35

Memo #: 019709-A

This letter is to inform you that your check number 2100 for \$35.00, which was dated February 3, 2016 and submitted for TEKNOVATION SERVICES, LLC has been returned to us by your bank because of FROZEN/BLOCKED ACCOUNT.

We are notifying you because our records indicate that the paperwork for TEKNOVATION SERVICES, LLC has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of \$50.00, as we cannot take credit card information over the phone. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation Attn: JUSTIN M SHIVERS P.O. Box 6327 Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6887.

Garry Leonard Administrative Assistant

Letter Number: 716A00003678

COVER LETTER

Registration Section

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

Clifton Building

CR2E079 (2/14)

Division of Corporations

TO:

SUBJECT: TEKNOVATION SERVICES 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:						
LEONARDO VIDAL (Contact Person)						
TEKNOVATION GERVICES LLC (Firm/Company)						
1114 SUNTLOWER CIRCLE						
COESTON FL 33327 (City/State and Zip Code)						
For further information concerning this matter, please call:						
(Name of Contact Person) (Area Code & Daytime Telephone Number)						
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$55 \text{ Filing Fee} \square\$ \$55 \text{ Filing Fee} \section \text{Certified Copy}						
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section						

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327



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)

	limited liability company as it	• •		rtment
of State is:	EKNO VATION	SERVICES	んんこ	·
2. The Florida docu	ment/registration number ass	igned to this limited liabi	ility company is:	
10900	00105155		/	1
3. The date this men	mber/manager withdrew/resig	ned or will withdraw/res	ign is: 0//01/	116
····,		, hereby withdraw/res	sign as a	
	ame of Person Resigning)		SEG	16
	Print Title)		RETA AHAS	MAR
of this limited liab resignation in wri	pility company and affirm the	limited liability company		
/-	DANG)	OF STATE	
Signature of Dis	ssociating Member or Resigni	ng Manager	>	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			
Certified Copy.	φροιου (Optional)			