

LO9000 105155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

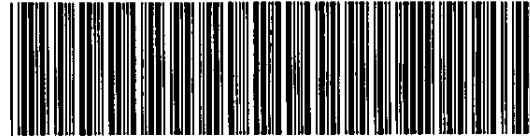
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800281506988

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

800281506988
03/09/16--01007--007 **50.00

FILED
16 MAR - 8 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 09 2016

J SHIVERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

RECORDED
2016 FEB 23 PM 3:36
STATE OF FLORIDA
TALLAHASSEE, FLORIDA



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

RECEIVED
2016 FEB 23 PM 3:35
CORPORATE DIVISION
TALLAHASSEE, FLORIDA

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

TO: Registration Section
Division of Corporations

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 SERVICES LLC
(Firm/Company)

1114 SUNFLOWER CIRCLE
(Address)

WESTON FL 33327
(City/State and Zip Code)

For further information concerning this matter, please call:

LEONARDO VIDAL at (754) 244 9383
(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: TEKNOVATION SERVICES LLC

2. The Florida document/registration number assigned to this limited liability company is:
LO9000105155

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/16

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

MEM
(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

FILED
16 MAR - 8 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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