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U. Smith

COVER LETTER

CHD IE4	ResponseGenius LLC		
SUBJECT: (Name of Limited Liability Company)			
he enc	losed member, resignation or dis	ssociation and fee(s) are submitted for filing.	
lease re	eturn all correspondence concern	ning this matter to:	
ohn P. B	aldwin JR		
	(Contact Person)	 	
Response	Genius LLC		
	(Firm/Company)		
3544 Dov	verbrook Drive		
	(Address)		
alm Bea	ch Gardens, FL 33410		
	(City/State and Zip Code)		
or furth	ner information concerning this r	natter, please call:	
John P. B	aldwin Jr.	561 676-5350 at ()	
	(Name of Contact Person)	(Area Code & Daytime Telephone Number	

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)

	limited liability company as it appears on the records of the Florida Depart	lment	
2. The Florida docu	iment/registration number assigned to this limited liability company is:		
4. I	mber/manager withdrew/resigned or will withdraw/resign is:		
of this limited liab	bility company and affirm the limited liability company has been notified of iting. 8/25/2020 ssociating Member or Resigning Manager	IVISION IARY OF STAIL OR OR ORATION 20 EUS 27 AM II: 03	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	 -	