## 400000 2/6/3

(Requesto	or's Name)	
(Address)	1	
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(City/Stat	e/Zip/Phone #)	
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PICK-UP	WAIT	MAIL
(Business	s Entity Name)	
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Certified Copies	Certificates of	Status
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## COVER LETTER

TO: Registration Section				
Division of Corporations				
SUBJECT: Ovante, LLC				
	of Limited Liability Con	ipany)		
The enclosed member, resignation or o	dissociation and fee(s	) are submitted for f	iling.	
Please return all correspondence conce	erning this matter to:			
Stuart Christmas, Esq.				
(Contact Person)		-		
(Firm/Company)		-		
1414 Piedmont Dr. East				
(Address)		_		
Tallahassee, FL 32308				
(City/State and Zip Code	e)	-	2019 FI	-
For further information concerning thi	is matter, please call:		#B -	آ دست دسس
Jon Brasher	334 at (	363-9558	EB -4 MII: 27	i I
(Name of Contact Person)	(Area Code	& Daytime Telephon	e Number)	<u> </u>
Enclosed please find a check made pa  S25 Filing Fee		Department of State f Fee & Certified Co		
STREET/COURIER ADDRESS:		MAILING ADDR		
Registration Section		Registration Section		
Division of Corporations Clifton Building		Division of Corpora P.O. Box 6327	ations	

Tallahassee, Florida 32314

2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (2/14)



## 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 I	Florida Department	
of State is:	nte, LLC			
2. The Florida docu L10000021613	_	ssigned to this limited liability co	mpany is:	
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resign is:	08/22/2018	
4. I, Christopher (	Campbell	, hereby withdraw/resign as	a	
Member/CEO				
	(Print Title)			
resignation in wh		e limited liability company has b	ecen notified of my	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		11:27	