

L10000037392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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04/02/14--01005--004 **25.00

FILED
Apr 02, 2014 08:00 AM
Secretary of State

DEC 03 2015

Y SULKER

Mark E. LaFon

PO Box 3529

Apollo Beach, FL 33572

813-393-8181 (Phone & Text)

facsimile transmittal

To: **Florida Department of State** Fax: **850-245-6030**
Attn: **Ms. Yasmin Sulker**

From: **Mark E. LaFon** Date: **12/02/2015**

Re: **Resignation or Disassociation of Member** Pages: **7 (Including coversheet)**
From Florida or Foreign Limited Liability
Company

Cc:

☒ **Urgent** ☐ For review ☐ Please comment ☒ **Please reply** ☐ Please recycle

Dear Ms. Sulker,

I have attached the requested information which includes:

- 1.) Copy Letter of Resignation 12/31/2013
- 2.) Copy Cover Letter (CR2E079(12/13))
- 3.) Copy Resignation Form (CR2E079(12/13))
- 4.) Bank Statement Excerpt (pg 4 of 11)
- 5.) Copy of Check No. 127 (front & back)
- 6.) Zoom Image of Check 127 back

PLEASE PROCESS THIS INFORMATION AS SOON AS POSSIBLE! and provide me with confirmation of your receipt via email @ marklafon@verizon.net.

Thank you and Best Regards,

Mark LaFon

Mark E. LaFon
PO Box 3529
434 Islebay Drive
Apollo Beach, FL 33572
813-393-8181

December 31, 2013

via Hand Delivery

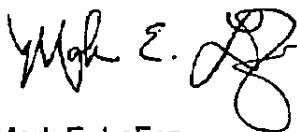
ProTerra Solutions, LLC
8226 Indigo Ridge Terrace
Bradenton, FL 34201
Attention: Ms Deborah Gibson, President and MGRM

RE: Tender of Resignation as Manager, Member

Ms. Gibson,

Please accept this letter as my formal resignation as a Manager, Member (MGRM) of ProTerra Solutions, LLC, FL Doc No. 10000037392. I will remain as an employee of ProTerra Solutions, LLC, but will not continue as a Manager, Member. This resignation is effective immediately. Formal notice of this resignation to the Florida Department of State, Division of Corporations is being filed coincidentally with this letter and a copy is attached for your files.

Best regards,



Mark E. LaFon

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROTERRA SOLUTIONS, 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:

Mark E. LaFon

(Contact Person)

(Firm/Company)

PO Box 3529

(Address)

Apollo Beach, FL 33572

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark E. LaFon

(Name of Contact Person)

at (813) 393-8181

(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

CR2E079 (12/13)

Copy

FILED
Apr 02, 2014 08:00 AM
Secretary of State



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PROTERRA SOLUTIONS, LLC

2. The Florida document/registration number of this limited liability company is:
L10000037392

3. The date this member withdrew or will withdraw is: 12/31/2013

4. I, Mark E. LaFon, hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning or Dissociating Manager, Member

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