

L10000120019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

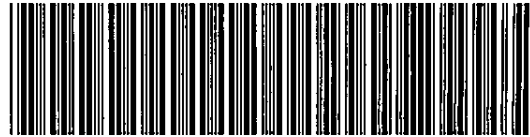
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/24/14--01031--015 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC -8 AM 9:43

C. Lewis
12-16-14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2014

CHRIS BRISSON / AUTOMIZE LLC
1308 SKYLARK LANE
LANTANA, FL 33462 US

SUBJECT: AUTOMIZE, LLC
Ref. Number: L10000120019

We have received your document for AUTOMIZE, 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 114A00025380

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Automize 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:

Chris Brisson

(Contact Person)

Automize LLC

(Firm/Company)

1045 East Atlantic Ave, Suite #202

(Address)

Delray Beach, FL 33462

(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Brisson

(Name of Contact Person)

at (561) 800-4042

(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



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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: Automize, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L10000120019
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/7/2014
4. I, Trevor Mauch, hereby withdraw/resign as a
(Print Name of Person Resigning)
CMO
(Print Title)

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


Trevormauch (Dec 10, 2014)

Signature of Dissociating Member or Resigning Manager

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