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S. YOUNG

SECTION TARY OF STATES, TALLAHASSEE, FLORIDA, 16 SEP -1 PII 4: 02

COVER LETTER

Division of Corporations			
Steele Innovations LLC			
	ited Liability Co	ompany)	-
The enclosed member, resignation or dissoci	ation and fee((s) are submitted for filing.	
Please return all correspondence concerning	this matter to	:	
Bryan Holmes			
(Contact Person)			
(Firm/Company)			TALLE S
9103 Raes Creek Pl			15 SEP-1 PH 4: 02
(Address)			PE
Palmetto, FL 34221			٠ ۲: 0
(City/State and Zip Code)		_	r5
For further information concerning this matter	er, please call	:	
Bryan Holmes	727	479-7624	
(Name of Contact Person)	_ \	e & Daytime Telephone Number)	-
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: ag Fee & Certified Copy	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
Clifton Building		P.O. Box 6327	
2661 Executive Center Circle		Tallahassee, Florida 32314	

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section



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)

The Florida document/registration number assi	igned to this limited liability company is:	
L10000120384		
The date this member/manager withdrew/resig	ned or will withdraw/resign is: 2/1/2016	TAL.
Bryan Holmes I.	, hereby withdraw/resign as a	5
(Print Name of Person Resigning)	<u> </u>	(
Office Manager		
(Print Title)	.	-
of this limited liability company and affirm the resignation in writing.	limited liability company has been notified of	of m

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee: Certified Copy: