L11000001951

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Intellectual Mutual Services, 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:		
Rose PALANO (Contact Person)		
Intellectual Mutual Services LLC (Firm/Company)		
3959 VAN Dyke Rd Suite 396		
Lutz Fl 33558 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Rose PAIANO at (813) 748-7677 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

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 li	imited liability company as it appears on the records of the Florida Department
of State is: \\\\	ellectual Mutual services LLC
	ment/registration number assigned to this limited liability company is: 0001951
3. The date this mem	nber/manager withdrew/resigned or will withdraw/resign is: 8 10 2017
	me of Person Resigning), hereby withdraw/resign as a
Managine	g MEMBEY.
of this limited liabi resignation in writi	ility company and affirm the limited liability company has been notified of my ing.
<u>Couls fa</u>	mut
Signature of Diss	sociating Member or Resigning Manager
-	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)