## L11000016432

(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



200276836952

09/10/15--01023--011 \*\*85.00



## **COVER LETTER**

TO:

CR2E079 (2/14)

Registration Section

**Division of Corporations** Development Services USA, LLC **SUBJECT:** (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: Kevin J Filer (Contact Person) Development Services USA, LLC (Firm/Company) 8815 Conroy-Windermere Rd, Suite 514 (Address) Orlando, FL 32835 (City/State and Zip Code) For further information concerning this matter, please call: Kevin J Filer (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee **MAILING ADDRESS:** STREET/COURIER ADDRESS: **Registration Section Registration Section** Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301



## 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)

	e limited liability company as velopment Services USA, Li	it appears on the records of the Florida Department
	cument/registration number as:	signed to this limited liability company is:
		gned or will withdraw/resign is: 09-10-2015
(Print) Managing Me		, hereby withdraw/resign as a
-	(Print Title)	
of this limited lia resignation in w		limited liability company has been notified of my
Signature of D	Dissociating Member or Resign	ing Manager
Filing Fee:	\$25.00 (Required)	