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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u>L.</u>		

Office Use Only



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OLVISION OF CORPOLATIONS

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10: Registration Section	• • • • • • • • • • • • • • • • • • • •
Division of Corporations	
SUBJECT: 560 Pof le Dande Ve	twork Liability Company)
(,	,
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Alen Roseman (Contact Person)	
(Firm/Company)	
2171 Jericho Turnpike	
Compack, NY 11725 (City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
(Name of Contact Person) at (Area Code & Daytime Telephone Number)
Englosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (2/14)

florida Mept of state



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 of State is:	limited liability company as it appears on the records of the Florida Department SEO Pofile Defender Metwork LLC	
2. The Florida docu	ment/registration number assigned to this limited liability company is:	
4. I, David	mber/manager withdrew/resigned or will withdraw/resign is: 10-5-16	
resignation in wir	Print Title) Dility company and affirm the limited liability company has been notified of my ting.	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	