## L/1000112955

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#) .
PICK-UP	☐ WAIT	MAIL
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2015 AUG 17 AM 11: 21 SECRETARY OF STATE

> K.SALY EXAMINER AUG 20 2015

## COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations		
SUBJECT: Advanced LED Systems, I	LC.	
	imited Liability Con	npany)
The enclosed member, resignation or disso	ciation and fee(s	) are submitted for filing.
Please return all correspondence concernin	g this matter to:	
Jan Macdonald		
(Contact Person)		_
Advanced LED Systems, LLC		
(Firm/Company)		_
13300-56 S. Cleveland Avenue, #699		
(Address)		_
Ft. Myers, FL 33907		
(City/State and Zip Code)		_
For further information concerning this ma	tter, please call:	
Jan M Macdonald	239 at (	994-9177
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable ■ \$25 Filing Fee		Department of State for: 3 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



## 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)

	limited liability company as it appears on the records of the Florida Department need LED Systems, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: April 23, 2015
Manager	
(	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)