# 111000119

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#### **COVER LETTER**

TO: Registration Section Division of Corporations The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: (City/State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) Englosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee □ \$55 Filing 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

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)

	ed liability company as it appears on the records of the Florida Department  2 Fe Technical Tolite, LLC
4. I,\ / 13 \\ \ / 4	manager withdrew/resigned or will withdraw/resign is: 10/01/2017  Let A Vego, hereby withdraw/resign as a Person Resigning)
MGRY (Print)	
resignation in writing.	company and affirm the limited liability company has been motified from
Signature of Dissocia	nting Member or Resigning Manager
_	5.00 (Required) 0.00 (Optional)