

L11000128995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

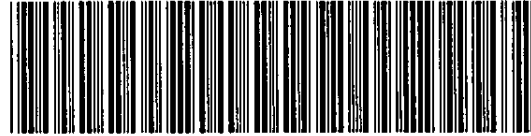
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200275600832

200275600832  
08/05/15--01013--007 \*\*25.00

FILED  
2015 AUG -5 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
AUG -6 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PRO FRONTER 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:

CHALLEN SULLIVAN

(Contact Person)

(Firm/Company)

335 E LINTON BLVD STE B14-2136

(Address)

DELRAY BEACH, FL. 33483

(City/State and Zip Code)

For further information concerning this matter, please call:

CHALLEN SULLIVAN

(Name of Contact Person)

at 561 789-8223

(Area Code & Daytime Telephone Number)

Enclosed 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



FILED

2015 AUG -5 PH 12: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 limited liability company as it appears on the records of the Florida Department of State is: PRO FRONTER LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L11000128995

3. The date this member/manager withdrew/resigned or will withdraw/resign is: DEC 31, 2013

4. I, CHALLEN SULLIVAN, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGRM

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)