

L12000041SS4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

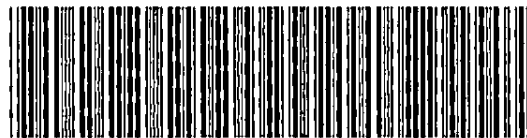
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/06/17--01034--018 **52.50

11/29/17--01006--002 **2.50

William S. Scott

2017 NOV 28 A.D. 02

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NOV 30 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2017

WAYNE WRIGHT
11303 LITTLE RD
NEW PORT RICHEY, FL 34654

SUBJECT: COMSEVA TECHNOLOGIES LLC
Ref. Number: L12000047554

We have received your document for COMSEVA TECHNOLOGIES LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 917A00022479

2017 NOV 28 AM 12:02
11/17/17
2017 NOV 28 AM 12:03
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMSEVA TECHNOLOGIES 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:

WAYNE WRIGHT
(Contact Person)

COMSEVA TECHNOLOGIES LLC
(Firm/Company)

11303 LITTLE RD
(Address)

NEW PORT RICHEY FL 34654
(City/State and Zip Code)

For further information concerning this matter, please call:

WAYNE WRIGHT at (813) 385-4680
(Name of Contact Person) (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

* additional check for \$250 is enclosed

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: COMTEVA TECHNOLOGIES LLC

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

L12000047554

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/30/17

4. I, KWAME W WRIGHT, 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.

KW Wright

Signature of Dissociating Member or Resigning Manager

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

2017 OCT 30 AM 10:02