

U2000053462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

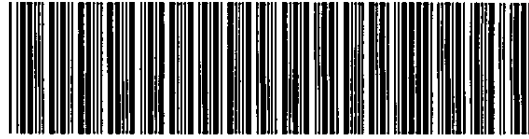
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*M/m*

MAR 11 2015  
T. LEMIEUX

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SYSTEMATIC PERFORMANCE ANALYSIS, 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:

Harry Haynes  
(Contact Person)

Systematic Performance Analysis, LLC  
(Firm/Company)

142 Palm Drive Unit #1  
(Address)

Naples, FL 34112  
(City/State and Zip Code)

For further information concerning this matter, please call:

Harry Haynes at (860) 912-6221  
(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

**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: SYSTEMATIC PERFORMANCE ANALYSIS, LLC.

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

L12000053462

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/28/2015

4. I, Neil G. Bergh, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Member  
(Print Title)

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

X Neil G. Bergh  
Signature of Dissociating Member or Resigning Manager

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

APPROVED  
AND  
FILED  
15 MAR - 9 PM 2: 05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA