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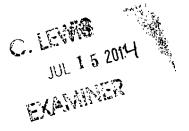
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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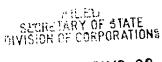
TO:

CR2E079 (2/14)

Registration Section

Division of Corporations APPREVIEWTEAM.COM, 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: Michael Durkin (Contact Person) (Firm/Company) 1 Norport Dr. (Address) Westport, CT 06880 (City/State and Zip Code) For further information concerning this matter, please call: Michael Durkin (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: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301





14 JUN 30 PM 12: 39

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:	REVIEWTEAM.COM, LLC
2. The Florida docs	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Michael Durk	
(Print N	ame of Person Resigning)
Managing Me	mber
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my
Mucha	Duh
Signature of Di	ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Conv.	\$30.00 (Optional)