112000072035

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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TORETARY OF STATE

LUMASSFE, FLORIDA

MAR 3 1 2016

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Stratawise, LLC	e e e
(Name of Li	mited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Russell Miller	
(Contact Person)	
Stratawise, LLC	
(Firm/Company)	
18161 Heron Walk Drive	
(Address)	
Tampa FL 33647	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Russell Miller	813 508-7370
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$\square\$ \$\\$55 \text{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	,

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)

1. The name of the	limited liability company a	s it appears on the r	ecords of the Florida Department
of State is: Stra	awise, LLC		<u> </u>
2 The Florida docu 1200007203	ument/registration number a	assigned to this limit	ted liability company is:
3 The date this me	mber/manager withdrew/re	signed or will withd	3/20/2016
Wes Kinnett (Print N	ame of Person Resigning)	-	draw/resign as a
Ŋ.	(Print Title) pility company and affirm the	he limited liability c	company has been notified of my
Signature of Di	ssociating Member or Resignation	gning Manager	_
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2918 HAR 30 P