## L12000141105

| (Re                                     | questor's Name)   |           |
|---|-------------------|-----------|
| (Ad                                     | dress)            |           |
| (Ad                                     | dress)            |           |
| (Cit                                    | y/State/Zip/Phone | #)        |
| PICK-UP                                 | ☐ WAIT            | MAIL      |
| (Bu                                     | siness Entity Nam | e)        |
| (Document Number)                       |                   |           |
| Certified Copies                        | _ Certificates    | of Status |
| Special Instructions to Filing Officer: |                   |           |
|   |                   |           |
|   |                   |           |
|   |                   |           |

Office Use Only



400290296714

400290296714 09/26/16--01039--005 \*\*55.00

IACLAMASSITE SOLL

ZIII6 SEP 26 PM 3: 19 SECHETARY OF STATE

K. SALY SEP 2 8 2016

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |                     |   |
|--|---------------------|---|
| SUBJECT: LED GUYS LLC  | iand Finbilian Co   |   |
| (Name of Lim   | ited Liability Co   | ompany)   |
| The enclosed member, resignation or dissoci  | ation and fee       | (s) are submitted for filing.   |
| Please return all correspondence concerning  | this matter to      | :   |
| SPYRO MAKRIS   |                     |   |
| (Contact Person)   |                     | _   |
| LED GUYS LLC   |                     |   |
| (Firm/Company)   |                     | <del>_</del>  |
| 155 S Court Ave Unit 1908  |                     |   |
| (Address)  |                     | <del></del>   |
| Orlando, FL 32801  |                     |   |
| (City/State and Zip Code)  |                     |   |
| For further information concerning this matter   | er, please call     | l:  |
| Spyro Makris   | 847                 | 8331722   |
| (Name of Contact Person)   | _ · · \ <del></del> | de & Daytime Telephone Number)  |
| Enclosed please find a check made payable t  ☐ \$25 Filing Fee   |                     | Department of State for: ng Fee & Certified Copy  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 |                     | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, Florida 32314 |

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)

|  | limited liability company as it appears on the records of the Florida Department      |
|--|---|
| 2. The Florida docu<br>L12000141105        | ment/registration number assigned to this limited liability company is:               |
| 3. The date this men                       | mber/manager withdrew/resigned or will withdraw/resign is:                            |
| Eric Castaan                               |   |
| Manager                                    |   |
|  | Print Title)  |
| of this limited liab<br>resignation in wri | oility company and affirm the limited liability company has been notified of my ting. |
| Signature of Dis                           | ssociating Member or Resigning Manager  |
| Filing Fee:<br>Certified Copy:             | \$25.00 (Required)<br>\$30.00 (Optional)  |