Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6383

Exom:

Account Name : STEVEN R. KUTNER, P.A.

Account Number : 120010000180 Phone : (407)644-3104

Fax Number : (407)629-0090

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address: Olatinum led @outlook. Com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PLATINUM LED LLC

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SEP 1 1 2014 T. CARTER



September 10, 2014

FLORIDA DEPARTMENT OF STATE Division of Corporations

PLATINUM LED LLC **FAX FILE**STEVEN R. RUTNER, P.A.** NEW SMYRNA BEACH, FL 32168

SUBJECT: PLATINUM LED LLC

REF: L13000101279

We received your electronically transmitted document. Sowever, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The ourrent name of the entity is as referenced above. Please correct your document accordingly.

Remove the comma between LED and LLC.

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) 245-6050.

Tine D Carter Regulatory Specialist FAX Aud. #: H14000211730 Letter Number: 314A00019350

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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: Pla	tinum LED LLC
L1300010127	ument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is: August 28, 2014
, Krupal Patel	handler with denning and a
(Print A	hereby withdraw/resign as a lama of Person Resigning)
Manager	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
HO	POLACE
Signature of D	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
	\$30,00 (Optional)

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