## L13000103080

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(D0	ocument Number)			
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## **COVER LETTER**

Division of Corporations			
SUBJECT: Lukert Consulting	J LLC	mony)	
	•	• •	
The enclosed member, resignation or dissoci	ation and fee(	s) are submitted for filing.	
Please return all correspondence concerning	this matter to:		
Harold A Lukert			
(Contact Person)		<del>-</del>	
Lukert Consulting LLC			
(Firm/Company)		_	
P.O. Box 235			
(Address)		_	
Bushnell, Florida 33513			
(City/State and Zip Code)		_	
For further information concerning this matter, please call:			
Harold A. Lukert	<sub>at (</sub> 407	, 468-0394	
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to	o the Florida I	Department of State for:	
\$25 Filing Fee		\$55 Filing Fee &	
_ v=8	.,—	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 (12/13)



FILED 2014 JAN 23 PM 4: 27 SECRETARY DE STATE TALLAHASSEE, FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as cert Consulting LLC	it appears on the records of the Florida Department
2. The Florida doc L130001030		f this limited liability company is:
3. The date this me	ember withdrew or will with	draw is: October 1, 2013
4. I. JoEllen A.	Lukert	, hereby resign as a Member/Support Staff
(Print Name of Person Resigning)		(Print Title)
of this limited lia resignation in wr		ne limited liability company has been notified of my
Filler	a Suker I	
Signature of Ro	esigning or Dissociating Ma	nager, Member
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	