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Membly members

## **COVER LETTER**

Division of Corporations EM3 COMMERCE LLC **SUBJECT:** (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: Zachary Broome (Contact Person) Bowen, Schroth, Mazenko & Broome, P.A. (Firm/Company) 600 Jennings ave (Address) Eustis, FL 32726 (City/State and Zip Code) For further information concerning this matter, please call: Zachary Broome (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



## 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)

	COMMERCE LLC	it appears on the records of	f the Florida Department
2. The Florida doc	eument/registration number as	ssigned to this limited liabili	ity company is:
4. I, Robert A. Mont	ember/manager withdrew/rest gomery Name of Person Resigning) BERT MONTG-OME (Print Title)	, hereby withdraw/resi	
resignation in war Signature of D	bility company and affirm th		has been notified of my  2019 DEC 30 AH 8: 3