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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Regime Solutions, LLC	,
(Name of Limit	ited Liability Company)
The enclosed member, resignation or dissociate	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Brian Corcoran	
(Contact Person)	
Regime Solutions, LLC	
(Firm/Company)	
2561 County Road 220, Suite 307	
(Address)	
Middleburg, FL 32068	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Brian Corcoran	904 449-4741
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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)

The name of the limited liability company as it apperent of State is: Regime Solutions LLC The Florida document/registration number assigned		•	
L13000138873	<u> </u>	2015 JUL -	
The date this member/manager withdrew/resigned of the control of t	(x)	UL -2 AMII: 34	225000 250000 250000 250000 250000
(Print Title)			
of this limited liability company and affirm the limite resignation in writing. M. Cubic Royal	ed liability company has been notifi	ied of my	7
Signature of Dissociating Member or Resigning M	anager		

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)