

L14000007061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

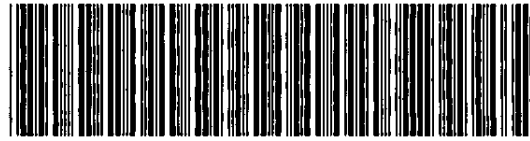
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500260102695

05/16/14--01035--006 **25.00

Lc
Df5 mbr/mgh

MAY 29 2014

R. WHITE

RELEASED - COPIA
MAY 16 10 40 10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Call Center Consultants LLC
(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:

Colin C Conner II

(Contact Person)

Florida Call Center Consultants LLC

(Firm/Company)

5251 110th Ave Suite 104

(Address)

Celebration, FL 33760

(City/State and Zip Code)

For further information concerning this matter, please call:

Colin C Conner II

(Name of Contact Person)

at 407 924-7620

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



16 MAY 16 4:10
TALLAHASSEE, FLORIDA

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: Florida Call Center Consultants LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000007061

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/15/2014

4. I, Edwin L Gravenstein, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)