

LI 4000046558

(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



600265143926

10/14/14--01017--002 **35.00

FILED
14 NOV 25 PM 3:47
SEATTLE
FALLS

11-25-14

CRm
1022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M2 CONCEPTS, 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:

MARGIE FREEMAN
(Contact Person)

DBA
M2 INSTALLATIONS
(Firm/Company)

95 EASTWINDS CT
(Address)

PALM HARBOR, FL 34683
(City/State and Zip Code)

For further information concerning this matter, please call:

Margie Freeman at (727) 359-9966
(Name of Contact Person) (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

*Previously Paid \$35. See
Attached letter*

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

FILED
14 NOV 25 PM 3:47
TALLAHASSEE, FL
SECRET



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
14/09/25 PM 3:47
TALLAHASSEE

**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: M² CONCEPTS, LLC

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

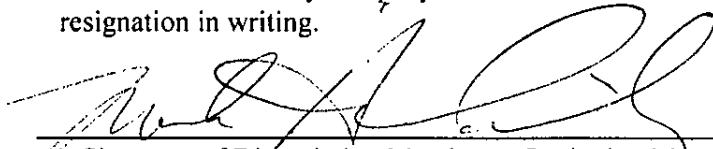
46-5170006

3. The date this member/manager withdrew/resigned or will withdraw/resign is: SEPT. 1, 2014

4. I, MARK HIMMELREICH, hereby withdraw/resign as a
(Print Name of Person Resigning)

VICE PRESIDENT
(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)

(PAID - SEE ATTACHED LETTER)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2014

MARGIE FREEMAN
M2 CONCEPTS, LLC
95 EASTWINDS CT.
PALM HARBOR, FL 34683

SUBJECT: M2 CONCEPTS, LLC
Ref. Number: L14000046558

We have received your document for M2 CONCEPTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form submitted was for a Florida corporation. Please complete resignation of member, manager from a florida limited liability company.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 414A00022662

RECEIVED
14 NOV 25 PM 2:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
14 NOV 25 PM 3:47
TALLAHASSEE, FLORIDA