L14000068726

(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:				

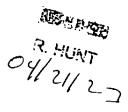
Office Use Only



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COVER LETTER

Division	Division of Corporations						
SUBJECT:	TELEPRO SOLUTIONS LL	С					
	(Name of Lin	(Name of Limited Liability Company)					
The enclosed m	nember, resignation or dissoc	iation and fee	e(s) are submitted t	or filing.			
Please return al	l correspondence concerning	this matter to	o:				
JUNE E TALLEN	т						
	(Contact Person)						
TELEPRO SOLUTIONS LLC							
	(Firm/Company)	-					
2500 YALE ROA	D			_			
	(Address)				3 3 3		
SOUTH DAYTONA, FLORIDA 32119))),		
	(City/State and Zip Code)						
For further information concerning this matter, please call:			11:	ANGESTATE			
June Tallent		919 at (7968193	LE 26	} •		
(Nan	ne of Contact Person)		de & Daytime Telep	hone Number)	-		
Enclosed please	e find a check made payable	to the Florida	Department of Sta	ate for:			
\$25 Filing F	ee	☐ \$55 Fili	ing 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







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

DIVISION OF CORPORATIONS

(Pursuant to 605.0216, Florida Statutes)

	imited liability company as it RO SOLUTIONS LLC	appears on the records of the Florida Department
2. The Florida document	ment/registration number assi	gned to this limited liability company is:
3. The date this men	nber/manager withdrew/resign	ned or will withdraw/resign is: 4/18/23
TAXIUS ADOCT	20	, hereby withdraw/resign as a
Manager/President	,	
- (I	Print Title)	
resignation in writ	• •	imited liability company has been notified of my ng Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	