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(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE
TALLARIASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: NEUSTACK SOFTWARE SO	LUTIONS,	LLC		
	(Name of Limited Liability Company)				
The en	aclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to:			
KELV	IN DEL MONTE				
	(Contact Person)		-		
NEUS	STACK SOFTWARE SOLUTIONS,	LLC			
	(Firm/Company)		-		
9133	TOLLISON LOOP				
	(Address)		-		
LAND	O LAKES, FL 34638				
	(City/State and Zip Code)		-		
For fu	rther information concerning this matter	, please call:			
KELV	IN DEL MONTE	813 at (215-3105		
	(Name of Contact Person)		& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee					
STRE	ET/COURIER ADDRESS:		MAILING ADDRESS:		
_	ration Section		Registration Section		
	on of Corporations		Division of Corporations		
	n Building		P.O. Box 6327		
	Executive Center Circle assee, Florida 32301		Tallahassee, Florida 32314		
ranall	assee, l'Iuliua 34301				

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)

	25° 0
	FTWARE SOLUTIONS, LLC
2. The Florida document/registr	ation number assigned to this limited liability company is:
3. The date this member/manage 4. I, RHYAN DEL MONTE (Print Name of Person	er withdrew/resigned or will withdraw/resign is: 7/28/2018 , hereby withdraw/resign as a
MANAGER (Print Title)	
resignation in writing.	and affirm the limited liability company has been notified of my Long ember or Resigning Manager
Filing Fee: \$25.00 (F	Required)

Certified Copy:

\$30.00 (Optional)