## L14000148373

(Re	equestor'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:				





900280117099

01/04/16--01046--020 \*\*55.00

2018 FEB - 8 PH 2: 30

J. HARRIS

#### **COVER LETTER**

Division of Corporations				
SUBJECT: Logitivity 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:				
Courtney Parish (Contact Person)				
Logitivity Ll C (Firm/Company)				
8326 42nd Avenue North (Address)				
St. Peters burg, FL 33709 (City State and Zip Code)				
For further information concerning this matter, please call:				
Courtney Parish at (813) 323 · 3952 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for:  \$\sumset\$ \$\\$\\$25 \text{Filing Fee}\$ \$\sumset\$ \$\\$55 \text{Filing Fee & Certified Copy}\$				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327				

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301

TO: Registration Section



RECEIVE

2016 FEB -8 AM 11: 22

# FLORIDA DEPARTMENT OF STATE

January 7, 2016

**COURTNEY PARISH** 8326 42ND AVENUE NORTH ST. PETERSBURG, FL 33709

SUBJECT: LOGITIVITY, LLC Ref. Number: L14000148373

We have received your document for LOGITIVITY, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Date of resignation is missing. (Line 4)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 416A00000331



### 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 l	imited liability company as	it appears on the records of	the Florida Department
of State is:	Logitivity, L	LC	·
2. The Florida docur	ment/registration number as	ssigned to this limited liabili	ty company is:
L 14000	0148373		
3. The date this men	nber/manager withdrew/res	signed or will withdraw/resig	gn is: <b>June 23, 2015</b>
4. I, FILL Co	me of Person Resigning)	, hereby withdraw/resig	gn as a
AMB	Print Title)		
of this limited liab resignation in writ		ne limited liability company l	has been notified of my
l. Z.	faccece		
Signature of Dis	sociating Member or Resig	ning Manager	
			A Co
•	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		950 00 F