

L14000151427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

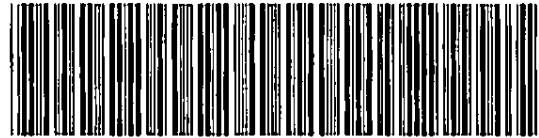
(Document Number)

Certified Copies _____ Certificates of Status _____

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11/13/20 11:13 AM

COVER LETTER

TO: Registration Section
Division of Corporations

STECH LLC

SUBJECT: _____
(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:

Henry Abbott

(Contact Person)

STECH LLC

(Firm/Company)

905 Harbor Hill Dr

(Address)

Safety Harbor, FL 34695

(City/State and Zip Code)

For further information concerning this matter, please call:

Henry Abbott

727

421-9682

(Name of Contact Person) at (_____) _____
(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

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
SEP 21 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 OCT 27 12:27

October 27, 2020

HENRY ABBOTT
905 HARBOR HILL DR
SAFETY HARBOR, FL 34695

SUBJECT: STECH LLC
Ref. Number: L14000151427

We have received your document for STECH LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 920A00021405



11/12/2019 12:17:30

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
STECH LLC
of State is: _____

2. The Florida document/registration number assigned to this limited liability company is:
L14000151427

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1 January 2020

4. I, Bob Bolster, 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)