114000157517

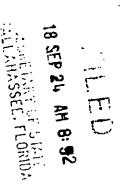
| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | ldress) | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Na | me) |
| | | |
| (Do | ocument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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August 27, 2018

JENNIFER ODOM P.O. BOX 1207 SAN ANTONIO, FL 33576

SUBJECT: PATRIOT FOUNDATION SYSTEMS LLC

Ref. Number: L14000157517

We have received your document for PATRIOT FOUNDATION SYSTEMS LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please refer to chapter 605.0216(1) OF THE Florida statues.

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) 245-6939.

Agnes Lunt Regulatory Specialist III

Letter Number: 018A00017793

COVER LETTER

TO: Registration Section

CR2E079 (2/14)

| Division of Corporations | |
|--|--------------|
| SUBJECT: Patriot Foundation Systems, UC (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: | |
| J-Inni fer Odom (Contact Person) | |
| Patriot Foundation Systems, UC | |
| 30427 Commerce Drive | 18 SEP 24 |
| San Antonio, FL 33576 (City/State and Zip Code) | HA S. R. |
| For further information concerning this matter, please call: | RIDA RIDA |
| Delnin fer Odom at (352) 668-4845 (Name of Contact Person) (Area Code & Daytime Telephone Nur | |
| Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee State Stat | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32301 | S |



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18 SEP 24 AM 8: 92

WALRELARY OF STATE ALLAHASSEE, FLORIDA

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 li | mited liability company as it appears on the records of the Florida Department |
|---|---|
| of State is: Pcx | triot Foundation Systems, LLC |
| 2. The Florida docum | nent/registration number assigned to this limited liability company is: |
| <u> </u> | 157517 |
| 3. The date this mem | ber/manager withdrew/resigned or will withdraw/resign is: January 1, 2018 |
| 4. 1. \ \ \ \ \ \ \ \ (Print Nat | ne of Person Resigning). hereby withdraw/resign as a |
| (E O | rint Title) |
| of this limited liabi resignation in writi | lity company and affirm the limited liability company has been notified of my ng. |
| Warren / | lumann |
| Signature of Diss | ociating Member or Resigning Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) |