

L14000158016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

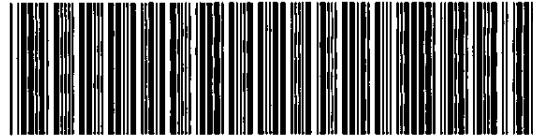
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/22/14--01021--009 \*\*25.00

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14 DEC 22 AM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 29 2014  
T. LEONARD  
JAX

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FALLPROTEC, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**KAREN ROSS**

(Contact Person)

**ARTHUR PALERMO JR., CPA, PA**

(Firm/Company)

**9720 STIRLING ROAD, SUITE 203**

(Address)

**COOPER CITY, FLORIDA 33024-8015**

(City/State and Zip Code)

For further information concerning this matter, please call:

**KAREN ROSS**

(Name of Contact Person)

at **954 252-9622**

(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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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



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 of State is: FALLPROTEC, LLC
2. The Florida document/registration number assigned to this limited liability company is: L14000158016
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/11/14
4. I, JAN ERIK GROTHE, 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]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

CR2E079 (2/14)

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TALLAHASSEE, FLORIDA

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