L14000185344

(Requ	estor's Name)				
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(City/S	State/Zip/Phon	e #)			
PICK-UP	MAIT	MAIL			
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(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Fil	ing Officer:				

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S. WARREN AUG 1 4 2017



July 21, 2017

RICHARD W. LONGSTRETH 6404 BRANDON CIRCLE RIVERVIEW, FL 33578

SUBJECT: ACCURATE DRILLING SOLUTIONS, LLC

Ref. Number: L14000185344

We have received your document for ACCURATE DRILLING SOLUTIONS, 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) 245-6051.

Letter Number: 417A00014850

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Corporations		
SUBJECT: ACCURATE DILLING SoluTioNS, 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:		
(City/State and Zip Code) For further information concerning this matter, please call:	2017 JUL 21 AM 11: 55	RECEIVE
(Name of Contact Person) at (<u>B13</u>) <u>967–1346</u> (Area Code & Daytime Telephone Number)	-	

Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

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

TO: Registration Section

CR2E079 (2/14)

\$25 Filing Fee

MAILING ADDRESS:

☐ \$55 Filing Fee & Certified Copy

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

En En



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 appe	ars on the r	ecords of the	Florida [Depart	ment
of State is:	ccurate Dr	11114	7 Sold	UTIONS,	LL	<u></u>	<u></u> .
2. The Florida docu	iment/registration number	r assigned	to this limit	ted liability co	ompany i	s:	
114001	185344	·					
3. The date this me	mber/manager withdrew/	resigned o	r will withd	lraw/resign is	7-1	7-1	Z
4. I. MARK H	AND/AN	, 1	nereby with	draw/resign a	s a		
(Print N	ame of Person Resigning)						
MGR	(Print Title)	.·					
	(Print Title)						
	bility company and affirm	the limite	ed liability o	company has l	been noti	fied o	f my
resignation in wr	iting.						
× 111 ,	116/						
Signature of Di	ssociating Member or Re	signing M	anager	_			
Significate of D.	syching Member of Re						
Filing Fee:	\$25.00 (Required)					17	
•	\$30.00 (Optional)				, ; ; *		
						<u>-</u>	

Dear Accurate 4 Enterprises, LLC

Please accept this letter as formal notification of my resignation from Accurate 4 Enterprises.LLC. My last day of work will be July 17th, 2017.

Sincerely.

Mark Handlan 4109 Maywood Dr

Brandon, Florida 33511