

45000011617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 13 2015  
J. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CuerPower, 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:

Angelica Wetzel

(Contact Person)

CuerPower

(Firm/Company)

4879 Via Palm Lakes #612

(Address)

West Palm Beach, FL 33417

(City/State and Zip Code)

For further information concerning this matter, please call:

Angelica Wetzel

(Name of Contact Person)

at 561

(Area Code & Daytime Telephone Number)

506-7471

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

CR2E079 (2/14)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: CuerPower, LLC.

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

L15000011617

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 15 Nov 2015

4. I, David Wetzel, hereby withdraw/resign as a

*(Print Name of Person Resigning)*

Chief Technical Officer

*(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

**FILED**  
2015 NOV 18 P 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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