L15000013100

(Re	questor's Name)	·		
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
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SECRELARY OF STATE
SECRELARY SEE, FLORID.

D. SCOTT FEB 2 4 2017

COVER LETTER **

TO: Registration Section Division of Corporations

SUBJECT: Presh Technologies LLC			
	imited Liability Co	ompany)	
The enclosed member, resignation or disso	ociation and fee((s) are submitted for	filing.
Please return all correspondence concerning	g this matter to	:	
Christopher McGovern			
(Contact Person)		- -	
Presh Technologies LLC			17 F SECRI
(Firm/Company)		_ _	一
29226 Caddyshack Lane	•		EB 23 PH EFARY OF HASSEE, F
(Address)		_	
San Antonio, FL 33576			PH 12: 15 PE STATE FILORIDA
(City/State and Zip Code)			
For further information concerning this ma	itter, please call	:	
Christopher McGovern	423	646-8788	
(Name of Contact Person)	(Area Cod	e & Daytime Telephor	ne Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State g Fee & Certified Co	
CERTIFICATION APPRECA		**************************************	ango.

STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

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)

	limited liability company as sh Technologies LLC	it appears on the records of the F	Florida Depa	ırtme	nt -
2. The Florida doc L1500001310	_	ssigned to this limited liability co	mpany is:		
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign is:	2/28/2017		_
Matthew Sch	nnell Jame of Person Resigning)	, hereby withdraw/resign as			
	(Print Title) bility company and affirm the	e limited liability company has be	een notified	of m	ı y
Signature of D	issociating Member or Resign	ning Manager	SECRETA TALLAHAS	17 FEB	<u> </u>
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		RY OF STATE SSEE, FLORID	23 PH I2: 1	FILED