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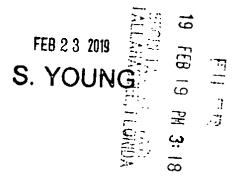
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO:

CR2E079 (2/14)

Registration Section
Division of Corporations

Positive Action Services LLC SUBJECT: (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: Petra Singer (Contact Person) Positive Action Services LLC (Firm/Company) 315 SW 28th Ter (Address) Cape Coral, FL 33914 (City/State and Zip Code) For further information concerning this matter, please call: Petra Singer (Name of Contact Person) (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: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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	e limited liability company a	s it appears on the records o	f the Florida Department
2. The Florida doc	ument/registration number a		lity company is:
L1500004627	75		
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resi	gn is:
4. I. Axel Meier (Print Name of Person Resigning)			
(Print)	Name of Person Resigning)		15.11 43 4
Manager			
	(Print Title)		
of this limited lia resignation in wi	ibility company and affirm their the	ne limited liability company	19 F
Signature of D	issociating Member or Resig	ining Manager	8 19 PM
Filing Fee:	\$25.00 (Required)		<u> </u>
Certified Copy:	\$30.00 (Optional)		€± <u>*</u>