U5000046771

(Requestor's Name)					
(Address)					
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Na	me)			
	,				
(Do	cument Number)			
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Certified Copies	_ Certificate	s of Status			
Special Instructions to	Filing Officer	1			
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	INGENIUM IDEAS, LLC		
	(Name of Limited Liability Comp	pany)	
The enclosed member, re	esignation or dissociation and fee(s)	are submitted for filing.	
Please return all correspo	ondence concerning this matter to:		
ERIC LAYTON			
(Cc	ontact Person)		
INGENIUM IDEAS LLC			
(Fit	rm/Company)		
316 SULTANA LANE			
(Address)		
MAITLAND, FL 32751			
(City/S	state and Zip Code)		
For further information c	concerning this matter, please call:		
ERIC LAYTON	863 at (430 - 5472	
(Name of Conta		& Daytime Telephone Number)	
Enclosed please find a ch ☐ \$25 Filing Fee	neck made payable to the Florida De	epartment of State for: Fee & Certified Copy	

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E079 (2/14)



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 a	is it appears on the records of the	Florida Departme
	ument/registration number a	assigned to this limited liability co	ompany is:
EDIC	A LAVTON	signed or will withdraw/resign is	::
4. I,	same of Person Resigning)	, hereby withdraw/resign a	s a
	MANAGER (Print Title)		
of this limited lia resignation in wr	- ·	he limited liability company has	been notified of my
Exec.	/e_		202
Signature of D	issociating Member or Resig	gning Manager	SU AUN BZĀZ
	\$25.00 (Required) \$30.00 (Optional)		6 AH 8: