

L15000071820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

CRM  
5-19-15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOCIALSEVEN7 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:

John Kempf

(Contact Person)

SOCIALSEVEN7LLC

(Firm/Company)

2350 Honeybrook Creek Drive

(Address)

Melbourne, FL 32935

(City/State and Zip Code)

For further information concerning this matter, please call:

John Kempf

(Name of Contact Person)

at ( 321 ) 505-7515  
(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:**

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

FILED  
15 MAY 13 AM 5:11  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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15 MAY 13 AM 5:11  
TALLAHASSEE, FLORIDA  
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: SocialSeven7 LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000071820

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/28/2015

4. I, John Kempf, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR

(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

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