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2015 SEP IN P 1: 07
SECRETARY OF STATE
TALLAHASSEE, FI DELE

SEP 15 POIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OSB LED 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:
Carrie Parker (Contact Person)
NSB LED LLC (Firm/Company)
4032 Qual not lane (Address)
New Smyrna Beach, 41.30168 (City/State and Zip Code) ASS STREET OF THE
For further information concerning this matter, please call:
(Name of Contact Person) at (384) 689 9936 77 0 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy

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 TED



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 reco	ords of the Florida Department	
of State is:	SB LED LLC			
2. The Florida docu	ıment/registration number	assigned to this limited	liability company is:	
450000	75298	·		
3. The date this me	mber/manager withdrew/r	esigned or will withdray	w/resign is: <u>9/5/15</u>	
4. I, <u>Kevin</u> (Print N	TWOMAS lame of Person Resigning)	, hereby withdra	w/resign as a	
Member	(Print Title)			
of this limited lial resignation in wr		the limited liability con	npany has been notified of my	
resignation in wi	The state of the s		E 1 2015 SEP SECRETA TALLAHAN	į
Signature of Di	ssociating Member or Res	signing Manager	ASSEE,	:
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		P I: 0	