L15000 124662

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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06/01/16--01021--012 **25.00



COVER LETTER

_	sion of Corporations				
SUBJECT:	TEN STEP PRO LLC				
		(Name of Limited Liability Company)			
The enclosed	d member, resignation or dissocia	ation and fee(s) are submitted for filing.		
Please return	all correspondence concerning	this matter to:			
CECILET	ORTIZ				
	(Contact Person)	· · · · · · · · · · · · · · · · · · ·	_		
TEN STEP	PRO LLC				
	(Firm/Company)		_		
9290 RAN	DAL PARK BLVD UNIT 20122	2			
	(Address)		-		
ORLANDO	FLORIDA 32832				
	(City/State and Zip Code)		-		
For further i	nformation concerning this matte	er, please call:			
CECILET	ORTIZ	321	315-8516		
(1)	lame of Contact Person)		& Daytime Telephone Number)		
Enclosed ple	ease find a check made payable to g Fee		Department of State for: Fee & Certified Copy		
	OURIER ADDRESS:		MAILING ADDRESS:		
Registration Section Division of Corporations		Registration Section Division of Corporations			
Clifton Building		P.O. Box 6327			
2661 Execut	tive Center Circle Florida 32301		Tallahassee, Florida 32314		

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)

1. The name of the	limited liability company a	as it appears on the records of the Floric	da Department
of State is: TEN	I STEP PRO LLC		
2. The Florida doc	ument/registration number	assigned to this limited liability compar	ny is:
L1500012466	2		
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is:	01/2016
4. I,		herehy withdraw/resign as a	
(Print A	lame of Person Resigning)	, hereby withdraw/resign as a	
MGR			1 SS
	(Print Title)		
resignation in wr	iting.	the limited liability company has been i	`
Jules C.	Cely College issociating Member or Resi	u	
Signature of D	issociating Member or Resi	igning Manager	
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		