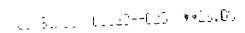
L15000 139018

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
ETL INTEGRATIONS LLC SUBJECT:	
(Name of L	imited Liability Company)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Laura Casper	
(Contact Person)	
ETL INTEGRATIONS LLC	
(Firm/Company)	
11284 CALLISIA DR	
(Address)	
ODESSA, FL 33556	
(City/State and Zip Code)	
For further information concerning this ma	itter, please call:
Laura Casper	727 939-1000 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	e to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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 as	s it appears on the records of the Florida Departme	nt
2. The Florida doc	ument/registration number a	ssigned to this limited liability company is:	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	_
4. I,	ame of Person Resigning)	, hereby withdraw/resign as a	
Authorized Memb	oer (AMBR) (Print Title)		
of this limited lia resignation in wr	bility company and affirm th	ne limited liability company has been notified of m	ıy
Signature of O	issociating Member or Resig		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	E CHAY 3: A	