## L15000 141664

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies C	Certificates of Status			
Special Instructions to Filing Officer:				
	;			

Office Use Only



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K. SALY EXMINER

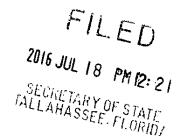
JUL 19

## **COVER LETTER**

TO:	_	tration Section ion of Corporations				
SUBJI	ECT:	SPEED LOBBYIST LLC				
		(Name of Limited Liability Company)				
The en	nclosed	member, resignation or dissoci	ation and fee	e(s) are submitted for filing.		
Please	return	all correspondence concerning	this matter to	<b>)</b> :		
FRAN	NK SM	IITH, ESQ.				
		(Contact Person)	•	<del></del>		
FMS	LAWY	ER PL				
		(Firm/Company)		<del></del>		
9900	STIRL	ING ROAD, SUITE 226				
		(Address)		<del></del>		
COOI	PER C	CITY, FLORIDA 33024				
		(City/State and Zip Code)				
For fu	rther in	formation concerning this matte	er, please cal	1:		
FRAN	NK SM	ІІТН	954 at (	414-4625		
	(Na	ame of Contact Person)	(Area Co	de & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  ■ \$25 Filing Fee						
		OURIER ADDRESS:		MAILING ADDRESS:		
_		Section Corporations		Registration Section Division of Corporations		
	n Build	-		P.O. Box 6327		
2661 E	Executi	ive 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)

	limited liability company as it a	appears on the records of the Florida Department
	•	ned to this limited liability company is:
L1500014166	4	•
3. The date this me	mber/manager withdrew/resign	ed or will withdraw/resign is: March 1, 2016
4. I, Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	<del></del>
MEMBER		
	(Print Title)	
of this limited lia resignation in wr	• •	mited liability company has been notified of my
Signature of Di	issociating Member or Resignin	g Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	