## L15000149967

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

Division of Corporations		
Subject: Sensible Air Conditioning LLC		
(Name of Lin	mited Liability (	Company)
The enclosed member, resignation or dissoc	ciation and fe	re(s) are submitted for filing.
Please return all correspondence concerning	g this matter t	(0:
Anthony Nolan		
(Contact Person)		<del></del>
Sensible Air Conditioning LLC		
(Firm/Company)	· · ·	
17190 Carolyn Ln		
(Address)		<del></del>
Fort Myers, FL 33917		
(City/State and Zip Code)		<del></del>
For further information concerning this mat	tter, please ca	ill:
Anthony Nolan	239 at (	462-2319
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed please find a check made payable  ☐ \$25 Filing Fee		a Department of State for: ing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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: Sensi	ble Air Conditioning LLC	
2. The Florida doc 1.15000149967	ument/registration number	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/rd	esigned or will withdraw/resign is:
4. I. Meagan E Nolan		, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	
Manager		
	(Print Title)	
resignation in wr		the limited liability company has been notified of my igning Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	