

(Requestor's Name)				
(Address)				
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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
	Division of Corporations				
SUBJ	JECT: CONNECTED AND PROTECTED				
	(Name of Limited Liability Company)				
The en	nclosed member, resignation or dissoc	iation and fee	(s) are submitted for filing.		
Please	e return all correspondence concerning	this matter to	:		
GILL	IAN FELDMAN				
	(Contact Person)		_		
NA					
	(Firm/Company)		<del></del>		
2302	BOTTEGA LANE APT 101				
	(Address)	<u>-</u>	<del></del>		
BRAN	NDON, FL 33511				
	(City/State and Zip Code)		_		
For fu	orther information concerning this matt	er, please call	:		
GILLI	IAN FELDMAN	813 at (	813-294-8090		
	(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)		
	sed please find a check made payable to Filing Fee		Department of State for: g Fee & Certified Copy		
	EET/COURIER ADDRESS:		MAILING ADDRESS:		
_	tration Section on of Corporations		Registration Section		
	n Building		Division of Corporations P.O. Box 6327		
	Executive Center Circle		Tallahassee, Florida 32314		
	nassee, Florida 32301		I IIIIIIIIII JEJ I T		

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 li	mited liability company as it appears on the records of the Florida Department
of State is: CON	NECTED AND PROTECTED
2. The Florida docum L15000158847	nent/registration number assigned to this limited liability company is:
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is:
4. I, GILLIAN FELE	
MANAGER	
(P	rint Title)
of this limited liabi resignation in writi	lity company and affirm the limited liability company has been notified of my ng.
Dilli	Telch
Signature of Diss	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)