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## **COVER LETTER**

TO: **Registration Section Division of Corporations** TURN KEY SOLUTIONS LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: PATRICK HEINZELMAN (Contact Person) (Firm/Company) 2899 COLLAROY ROAD (Address) WAXHAW, NC, 28173 (City/State and Zip Code) For further information concerning this matter, please call: PATRICK HEINZELMAN (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy **№** \$25 Filing Fee **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301





## 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 as it appears on the records of the Florida Department
of State is:	TURN KEY SOLUTIONS LLC
2. The Florida docu L15000199	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: JULY 25, 2016
4. I, PATRICK F	IEINZELMAN , hereby withdraw/resign as a ame of Person Resigning)
MANAGER	
	(Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Ah.	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)