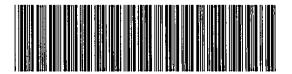
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| Special Instructions to F | Filing Officer: | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: DIRECT STM, LLC | |
| (Name of Lii | mited Liability Company) |
| The enclosed member, resignation or dissoc | ciation and fee(s) are submitted for filing. |
| Please return all correspondence concerning | g this matter to: |
| MICHAEL C. TOBIAS | |
| (Contact Person) | |
| | |
| (Firm/Company) | |
| 123 NW 13thStreet, #101 | |
| (Address) | |
| Boca Raton, FL 33432 | |
| (City/State and Zip Code) | |
| For further information concerning this mat | tter, please call: |
| MICHAEL C. TOBIAS | 561 281-0920 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable ■ \$25 Filing Fee | to the Florida Department of State for: \$\square\$ \$\squ |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations P.O. Box 6327 |
| Clifton Building 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | 141141140500, 1101144 5251 1 |

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 ECT STM, LLC | it appears on the records of the Flo | rida Department | t |
|--|---|---------------------------------------|------------------|------------|
| 2. The Florida doc L1500020782 | • | signed to this limited liability comp | pany is: | |
| 3. The date this me | ember/manager withdrew/resi | igned or will withdraw/resign is: | UNE 8, 2016. | |
| 4. I, MICHAEL C | . TOBIAS | , hereby withdraw/resign as a | 形型 16 | |
| (Print 1 | Vame of Person Resigning) | | | |
| MANAGER | | | JUL 22 | To a . |
| | (Print Title) | | (1) | * |
| of this limited lia resignation in wi | | e limited liability company has bee | n notified of my | The second |
| Signature of D | issociating Member or Resign | ning/Manager | | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | • | | |