

L16000004402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

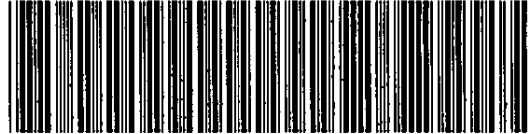
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/14/16--01038--024 \*\*110.00

2016 JUN 13 PM 2:04  
TALLAHASSEE, FLORIDA

FILED  
16 JUN 13 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 16 2016  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DIRECT STMN, LLC  
(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:

MICHAEL C. TOBIAS

(Contact Person)

TOBIAS & ASSOCIATES

(Firm/Company)

123 NW 13TH ST #101

(Address)

BOCA RATON, FL 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL C. TOBIAS

(Name of Contact Person)

at ( 561 ) 281-0920

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

6/8/16

Florida Department of State

I have enclosed two resignations for DirectSTM, and DirectSTMN. I have written the check for 110.00 to include fees for both companys.

I appreciate your attention and help.

Michael Tobias

A handwritten signature in black ink, consisting of a series of fluid, overlapping strokes that form a stylized representation of the name Michael Tobias.



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: DIRECT STMN, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000004402

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/08/2016

4. I, MICHAEL C. TOBIAS, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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