## 116000023487

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

Office Use Only



000307823610

01/22/18--01017--022 \*\*25.00

18 JAN 22 PH 3: 0!

K. SALY JAN 23 2018

## **COVER LETTER**

(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:
Brad Sper Lim (Contact Person)
(Firm/Company)
1158 SW Arc ct
Port St Lucie, & L 34953 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (65) 295-6756  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\frac{1}{2}\$55 Filing Fee & Certified Copy

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301

STREET/COURIER ADDRESS:

TO: Registration Section

Division of Corporations



DIVISION OF CORPORATIONS

18 JAN 22 PH 3: 01

## 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)

	imited liability company as it appears on the records of the Florida Department
2. The Florida doc	ument/registration number assigned to this limited liability company is:
41600	DZ3487
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is: \$2-25-17
4. 1, <u>Bnd</u> (Print N	Jame of Person Resigning, hereby withdraw/resign as a
Men	ber (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
37)	
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
Centifica Copy.	\$30.00 (Optional)