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



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: ELOQUENT CU (Name of Limited Liabi | Lity Company) |
| The enclosed member, resignation or dissociation and | d fee(s) are submitted for filing. |
| Please return all correspondence concerning this mat | ter to: |
| Britany Herrera (Contact Person) | |
| (Firm/Company) | |
| 3625 Maw Jersey Ro | 1 Apt 203 |
| Lakeland, 51 33803 (City/State and Zip Code) | |
| For further information concerning this matter, please | e call: |
| Britany Herrero at (S) (Name of Contact Person) (Are | 13 |
| Enclosed please find a check made payable to the Flo \$25 Filing Fee \$55 | orida Department of State for: 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 |

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 | limited liability company as it appears on the | e records of the | ne Flor | ida Dep | artment |
|--|---|----------------------|---------|----------|------------|
| of State is: | Loquent Cursing | LLC | | | · |
| 2. The Florida docu | ument/registration number assigned to this li | , mited liability | comp | any is: | |
| | 000025588 | | | • | , |
| 3. The date this me | ember/manager withdrew/resigned or will wi | thdraw/resign | is: | 10/1 | 0/18 |
| 4.1, <u>BriHa</u> (Print N | Jame of Person Resigning), hereby w | ithdraw/resigr | ı as a | | |
| _m_ | (Print Title) | | | | |
| of this limited lial resignation in wr | bility company and affirm the limited liabilit iting. | ty company ha | is been | notified | i of my |
| Buty | Hem | | | | |
| Signature of Di | ssociating Member or Resigning Manager | | - | | |
| | | | : |) OC 1 | 7:7 |
| Filing Fee: | \$25.00 (Required) | | * | | t of makes |
| Certified Copy: | \$30.00 (Optional) | | | S | i |
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