

SEP/19/2016/MON 02:47 PM CPH DESTIN

Division of Corporations

Fax No. 850 650 3305

P 001

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CLARK, PARTINTON, HART, LARRY, BOND & STACKHOUSE, P.A.
Account Number : I20140000059
Phone : (850) 650-3304
Fax Number : (850) 650-3305

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: rlewis@hexadanalytics.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HEXAD ANALYTICS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2016 SEP 19 PM 3:54

STATE OF FLORIDA
TALLAHASSEE

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SEP 20 2016

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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: HEXAD ANALYTICS, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L16000062536

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

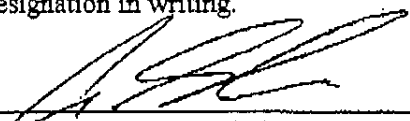
08/01/2016

4. I, Aaron J. Schmerbeck, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager

(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)