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DEC 0.6 2017

COVER LETTER

TO: Registration Section Division of Corporations

XRM HYPERSTRUCTURE LLC SUBJECT:

(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:

ROB AMITY

t

(Contact Person)

XRM HYPERSTRUCTURE LLC

(Firm/Company)

2855 GULF TO BAY BLVD, #8110

(Address)

CLEARWATER, FL 33759

(City/State and Zip Code)

For further information concerning this matter, please call:

ROB AMITY	727	455-8460
	at ()
(Name of Contact Person)	(Area Cod	le & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: **©** \$25 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 FLORIDA OR FOREIGN LIMITED LIABILITY COMPA -1 PH 2:

(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:
- 2. The Florida document/registration number assigned to this limited liability company is: L16000062791
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: ______

ROBERT M AMITY JR 4. I.

RT M AMITY JR ______, hereby withdraw/resign as a (Print Name of Person Resigning)

DIRECTOR

(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)