L160000 79029

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

Office Use Only



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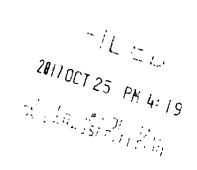
K SALY OCT 2 6 2017

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	POWERFUL PRINTING & PROMOTIONS, LLC				
		ted Liability Co	ompany)		
The er	nclosed member, resignation or dissocia	ation and fee	(s) are submitted for filing.		
Please	e return all correspondence concerning t	his matter to	:		
KATI	HLEEN NASON (FORMERLY KRAU	JSS)			
	(Contact Person)		_		
POW	ERFUL PRINTING & PROMOTION	IS, LLC			
	(Firm/Company)				
20 SI	URREY RD.				
	(Address)				
DEB	ARY, FL 32713				
	(City/State and Zip Code)		_		
For fu	orther information concerning this matte	r, please call	:		
KATI	HLEEN NASON	386	748-9830		
	(Name of Contact Person)		le & Daytime Telephone Number)		
	sed please find a check made payable to 5 Filing Fee		Department of State for: ng Fee & Certified Copy		
Regist Divisi Clifto 2661 I	EET/COURIER ADDRESS: tration Section ion of Corporations in Building Executive Center Circle		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 records of the Flor	ida Department
of State is: POV	VERFUL PRINTING & PR	OMOTIONS, LLC	·
2. The Florida doc	ament/registration number as	ssigned to this limited liability compa	any is:
L1600007902	9	·	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:	/1/17
4. I. KATHLEEN	NASON	hereby withdraw/resign as a	
(Print N	ame of Person Resigning)		
Manager			
	(Print Title)		
of this limited lia resignation in wr		e limited liability company has been	notified of my
Kath	u-Noson-fo	wordskram	
Signature of Di	ssociating Member or Resig	ning Manager)	
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		