## L16000092661

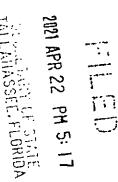
(R	Requestor's Name)	
(A	Address)	
(A	Address)	
(C	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ē	Business Entity Nar	me)
(0	Ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	
:		

Office Use Only



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## COVER LETTER

-	gistration Section vision of Corporations	
SUBJECT	Crewzit, LLC	
	(Name o	f Limited Liability Company)
The enclos	sed member, resignation or dis	ssociation and fee(s) are submitted for filing.
Please retu	rn all correspondence concert	ning this matter to:
Edward K. C	irasse	
	(Contact Person)	
TA Connecti	ions IL, LLC	
	(Firm/Company)	<del></del>
1900 E. Golf	FRoad, Suite M-150	
	(Address)	
Schaumburg	. П. 60173	
	(City/State and Zip Code)	
For further	information concerning this i	matter, please call:
		at ( )
(	Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed p  ☐ \$25 Fili		ble to the Florida Department of State for: ■ \$55 Filing Fee & Certified Copy
Reg Div P.O	ling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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)

	e limited liability company as it appears on the records of the Florida Department wit, LLC
	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I.	nodations Solutions, LLC , hereby withdraw/resign as a Name of Person Resigning)
Member	·
- Full	(Print Title)  (billity company and affirm the limited liability company has been notified of my— itting.  (Second Resigning Manager)  (Print Title)  (Print Title)
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)