

L16 000105588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GENERAL BYTES USA LLC  
(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:

Karel Kyovsky  
(Contact Person)

GENERAL BYTES USA LLC  
(Firm/Company)

3657 Cortez Rd W, unit 100  
(Address)

Bradenton, FL 34210  
(City/State and Zip Code)

For further information concerning this matter, please call:

Karel Kyovsky at ( 941 ) 726 1808  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2019 MAY 23 PM 2:52

**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: GENERAL BYTES USA, LLC

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

L16000105588

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05-20-2019

4. I, MICHAELA DAMM, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Michaela Damm  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)