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COVER LETTER

SUBJECT:	sp LLC	
	(Name of Limited Liability Cor	mpany)
The enclosed member,	resignation or dissociation and fee(s	s) are submitted for filing.
Please return all corresp	condence concerning this matter to:	
Calvin Bonifacio		
(0	Contact Person)	_
LeadGrasp LLC		
(1	Firm/Company)	
418 W Garden Street	Ste 212	
	(Address)	—
Pensacola FL 32504		다. 건
(City/	State and Zip Code)	-
For further information	concerning this matter, please call:	•
	786	9530126
Calvin Bonifacio	at ()

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

TO: Registration Section

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)

	limited liability company as Grasp LLC	s it appears on the records of the Fl	orida Do	epartment
	ment/registration number a	ssigned to this limited liability con	npany is:	 -
3. The date this mer	mber/manager withdrew/res	signed or will withdraw/resign is:)6/20/20	017
3. The date this member/manager withdrew/resigned or will withdraw/resign is:			<u></u>	
(Print No	ume of Person Resigning)		- -	
Manager				
	Print Title)			· .
resignation in writ		ne limited liability company has be	en notifi	ed of my
Filing Fee; Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			
centiled copy.	330.00 (Optional)			