

L16 000123152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

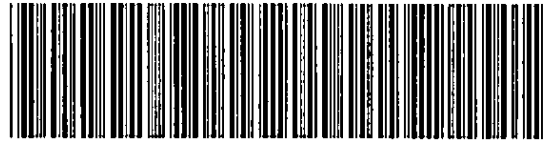
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400372475544

08/30/21--01016--017 \*\*25.00

2022 AUG 30 PM 12:32

RECEIVED

Resignation

SEP 12 2021  
ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SPACE COAST PROTECTIVE SYSTEMS, 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:

MICHAEL WALDROP  
\_\_\_\_\_  
(Contact Person)

SPACE COAST PROTECTIVE SYSTEM

---

(Firm/Company)

3024 SEA GATE CIR  
(Address)

MERRITT ISLAND, FL 32953

---

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL WALDROP at (321) 403.6703  
(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

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



2022 AUG 30 PM 12:32

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 Florida Department of State is: SPACE COAST PROTECTIVE SYSTEMS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000123152

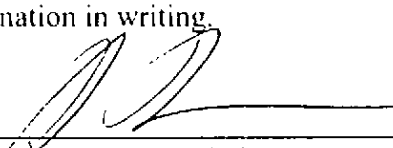
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 30 AUG 2021

4. I, STEPHEN KOLMAN, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AP. AUTHORIZED PERSON

*(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)