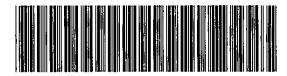
L16000138195

(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:
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Office Use Only



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JAM 25 TOT! J. HARRIS

COVER LETTER

Division of Corporations
SUBJECT: Think Deep, LLC
(Name of Limited [Jabifity Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
David T. Gonzalez
Think Deep, LLC
14912 Sw 29th Terrace
Maniper 33185 (Cly/State and Zip Code)
For further information concerning this matter, please call;
David I. Gonzalez , 786, 351-9759
(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 & Certified Copy

Registration Section

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 li	imited liability company as it appears on the records of the Florida Department	
of State is:	hink Deep, LLC	
	nent/registration number assigned to this limited liability company is:	
L16000138199		
	12/20/11-	
3. The date this men	hber/manager withdrew/resigned or will withdraw/resign is: 1430/16	
4. 1, <u>CONU</u> (Print Na	(O) (OSS) O), hereby withdraw/resign as a me of Person Resigning)	
mem	Print Tule)	
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.	
Com	- Cm	
Signature of Dis	sociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	

CR2E079 (2/14)