## 11600196445

(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



700293302257

700293302257 12/27/16--01007--017 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Innovatech Services 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:			
Edison F Ox42 (Contact Person)			
Taronatech Services UC (Firm/Company)			
607 Cromeboook Ct			
Ovedo, FL 32766 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Edison F 0472  (Name of Contact Person)  at (803) 371-8777  (Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for:  \$\mathbb{\mathbb{A}}\$ \$25 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

CR2E079 (2/14)

Tallahassee, Florida 32301



## 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	e limited liability company as it appears on the records of the Florida Departme	ent
of State is: <u>T</u>	nnovatech services LLC	<b>_</b> ·
2. The Florida docu	ument/registration number assigned to this limited liability company is:	
160	000196445	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>
	Mame of Person Resigning), hereby withdraw/resign as a	
	(Print Title)	
of this limited lial resignation in wr	ability company and affirm the limited liability company has been notified or riting.	ny
	Delgado	Ballon States
Signature of Di	rissociating Member or Resigning Manager	M
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	