

L16000205176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

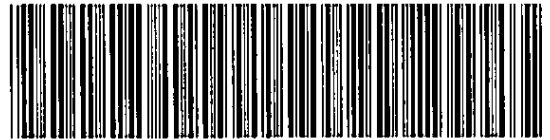
(Business Entity Name)

(Document Number)

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05/10/21--01048--017 \*\*85.00

FILE  
2021 MAY 10 AM 10:45  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SPARK INDUSTRIES MFG 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:

DATHAN SALGADO  
\_\_\_\_\_  
(Contact Person)

SPARK INDUSTRIES MFG LLC  
\_\_\_\_\_  
(Firm/Company)

13638 Hackamore Trail  
\_\_\_\_\_  
(Address)

Gainesville, VA 20155  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

DATHAN SALGADO                      571                      969-9578  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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



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: SPARK INDUSTRIES MFG LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000205176

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/02/2021

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

AMBR

*(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)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

NATHAN PEDRICK

, hereby resigns as

Name of Registered Agent

Registered Agent for SPARK INDUSTRIES MFG LLC

Name of Limited Liability Company

L16000205176

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

TALLAHASSEE, FLORIDA

2021 MAY 10 AM 10:45

### **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314