

116000216313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

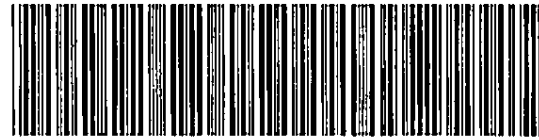
(Business Entity Name)

(Document Number)

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CLERK OF COURT  
TALLAHASSEE, FL 32301

K SALY

SEP 21 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pixelogic, 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:

Mitchell Bernstein

\_\_\_\_\_  
(Contact Person)

Pixelogic, LLC

\_\_\_\_\_  
(Firm/Company)

19456 North Coquina Way

\_\_\_\_\_  
(Address)

Weston, FL 33332

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mitchell Bernstein

954

850-8038

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

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

**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: Pixelologic, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000216313

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/18/17

4. I, Mitchell Bernstein, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Co-founder, AP, & Designer  
*(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)