

L16 000223896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

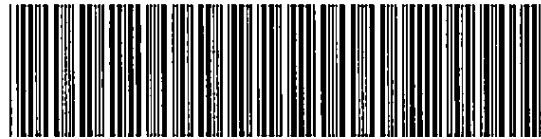
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600320777566

11/26/18--01016--031 **75.00

FILED

2018 NOV 26 AM 9:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Y SULKER

DEC 03 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DeBITECH 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:

ANDREW MCKENZIE
(Contact Person)

DeBITECH
(Firm/Company)

11161 EAST STATE RD
(Address)

BRANDENBOW, FL, 34202
(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREW MCKENZIE 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

FILED
2018 NOV 26 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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: DEBITECH LLC

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

416000223896

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1st OCTOBER 2018

4. I, ADAM WILSON, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER/DIRECTOR/MEMBER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

FILED
2018 NOV 26 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)