LI7 00000 3460

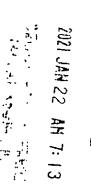
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer;

Office Use Only



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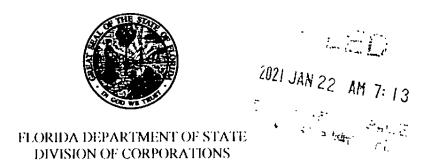


O SIMMONS MAR 0 4 2021

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Decision Poin (Name of Limited	TS AUTHORS d Liability Company)
The enclosed member, resignation or dissociati	on and fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to:
John Bysh (Contact Person)	
(Firm/Company)	
3622 SE Mald	
Portland Ovagos (City/State and Zip Code)	1 97202
For further information concerning this matter,	
John Bush (Name of Contact Person)	at (<u>802</u>) <u>Z72-377</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for: \$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



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
1. The name of the finited hability company as it appears on the records of the Florida Department
of State is: Decigion Points Authors, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L17000003460
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. 1, John Bush , hereby withdraw/resign as a (Print Name of Person Resigning)
Mar (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
John Burk
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)