41700000 3981

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Resignation

MAR 2 6 2020 LALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 5 GN TEK LC (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:
BRUCE COLLETT (Contact Person)
SIGN TEKLLC (Firm/Company)
712 SOUTHERN DR
FRUITLAND PARK, FL 34731 (City/State and Zip Code)
For further information concerning this matter, please call:
BRUCE COLLETT at (352) 267-9127 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\times\$ \$25 Filing Fee \$\times\$ Certified Copy
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

P.O. Box 6327



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 lin	mited liability company as it appears on the records of the Florida Department
of State is:	IGN TEK LLC
2. The Florida docum	ent/registration number assigned to this limited liability company is:
L 1700	0003981
3. The date this memb	ber/manager withdrew/resigned or will withdraw/resign is: $3-1-20$
4. I. BRUE (Print Nam	e of Person Resigning), hereby withdraw/resign as a
MANAGI	NG PANTHER int Title)
of this limited liabil resignation in writing	ity company and affirm the limited liability company has been notified of my
resignation in writing	
	ulett
Signature of Disse	ociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

CR2E079 (2/14)