## 21700041415

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT:		h Solutions ed Liability Company	LLC
The enclosed Articles of Am	nendment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Isis	S Teabel Name of Person	
	- H 8	T Tax  Firm/Company	
•	1860 N	Pine Islad Address	20 Suite 109
-	Planter  I 5  E-mail address: (to	City/State and Zip Code  STUX QAOL  be used for future annual report notification	322 . COM
For further information cone	erning this matter, please call	l:	
Name of Pe	Isabel	at (954) 6005 Area Code Daytime Tel	5801 lephone Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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



## 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: Invertoch Solutions LC	
2. The Florida document/registration number assigned to this limited liability company 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Invertoch Solutions LLC  2. The Florida document/registration number assigned to this limited liability company is:  L 1700041415  3. The date this member/manager withdrew/resigned or will withdraw/resign is:  4. I, KMULLC KEVIN MONTERO, hereby withdraw/resign as a (Print Name of Person Resigning)  ADM	C
(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)