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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Steam Pros 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:	
Katrina Bowser (Contact Person)	
(Firm/Company)	
5532 Heckscher Dr.	
Jacksonville, FL. 32226 (City/State and Zip Code)	
For further information concerning this matter, please call:	٠ د د
(Name of Contact Person) at (175) 815-7227 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\times\$ \$\times\$ \$\times\$ \$\times\$ \$\times\$ Filing Fee & Certified Copy	
Mailing Address: Street Address:	i

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

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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: THE STEAM Pros LLC
2. The Florida document/registration number assigned to this limited liability company is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. 1. Das 45 CAW 1) 1 , hereby withdraw/resign as a (Print Name of Person Resigning)
Manager
(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:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)