

L17000062034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

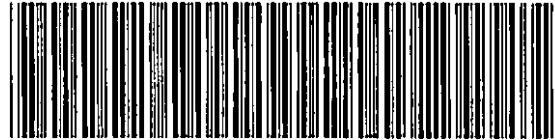
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/15/17--01006--012 \*\*25.00

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17 AUG 11 PM 4:26  
CLERK OF COURT  
STATE OF FLORIDA

S. WARREN

AUG 14 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2017

RICHARD W. LONGSTRETH  
6404 BRANDON CIRCLE  
RIVERVIEW, FL 33578

SUBJECT: ACCURATE 4 ENTERPRISES, LLC  
Ref. Number: L17000062034

We have received your document for ACCURATE 4 ENTERPRISES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 617A00014850

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ACCURATE 4 ENTERPRISES, 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:

RICK L LONGSTRETH  
(Contact Person)

ACCURATE 4 ENTERPRISES, LLC  
(Firm/Company)

6404 BRANDON CIRCLE  
(Address)

RIEVIEW FL 33578  
(City/State and Zip Code)

For further information concerning this matter, please call:

RICK LONGSTRETH at (813) 967-1346  
(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



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: ACCURATE 4 ENTERPRISES, LLC

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

L17000062034

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7-17-17

4. I, MARK G HANDAN, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR  
(Print Title)

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

x [Signature]  
Signature of Dissociating Member or Resigning Manager

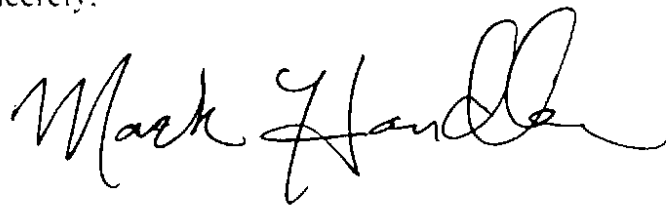
Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
17 AUG 11 PM 4:26  
TALLAHASSEE, FLORIDA

Dear Accurate Drilling Solutions, LLC

Please accept this letter as formal notification of my resignation from Accurate Drilling Solutions, LLC. My last day of work will be July 17<sup>th</sup>, 2017.

Sincerely,

A handwritten signature in black ink that reads "Mark Handlan". The signature is fluid and cursive, with the first and last names being clearly legible.

Mark Handlan  
4109 Maywood Dr  
Brandon, Florida 33511

RECEIVED  
2017 JUL 21 AM 11:30  
SECRETARY C. J. WALKER  
TALLAHASSEE, FLORIDA

NO #