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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Turbine Select 11C (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:
Michael Janet (Contact Person)
(Firm/Company)
504 Kennedy Dr. (Address)
Perryville Mo 63775 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael Janet at (573) 517-1635 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\text{\$\frac{1}{2}}}\$\$ \$\sum_{\text{\$\frac{1}{2}}}\$\$ 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

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 Flo	orida De	epartm	ient
of State is: 70	urbine Select LLC			<u> </u>
2. The Florida docu	ument/registration number assigned to this limited liability com	pany is:	·	
L170000	69867	<u>:</u> -,	17	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: <u>f</u>	Jug 18	$\frac{12}{250}$	17
4.1, Michae		SEE. F	C(F)	
MBR	(Print Title)	S EAS. LONIO,	AM 11: 49	,
of this limited lia resignation in wr	bility company and affirm the limited liability company has bee iting.	n notifi	ed of	my
Michael	Dond			
Signature of Di	esociating Member or Resigning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			
ceranea copy.	ουσο (Ορειοια <i>ι)</i>			