# 117000096532

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only

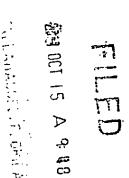


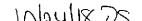
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#### **COVER LETTER**

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TO: Registration Section
Division of Corporations

SUBJECT: CYBIEN, LLC				
	mited Liability Con	ірапу)		
The enclosed member, resignation or disso	ciation and fee(s	) are submitted for	or filing.	
Please return all correspondence concernin	g this matter to:			
Jeremy Walker				
(Contact Person)	,	-		
(Firm/Company)		-		
406 Marefair Lane				
(Address)		-		
Simpsonville, SC 29680				
(City/State and Zip Code)		_		- 1K2
For further information concerning this ma	tter, please call:		901 DO	ا ق '' سبب
Jeremy Walker	850 at (	450-9289	្ត ហ	(1
(Name of Contact Person)		& Daytime Telep	hone Number)	C.
Enclosed please find a check made payable \$25 Filing Fee		epartment of Sta Fee & Certified	te for: 🚉 😓	

#### STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

#### **MAILING ADDRESS:**

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



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### 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)

	limited liability company as SIEN, LLC		<u>-</u>
	ument/registration number as		
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/re	9/28/2018 esign is:
4. I, Jeremy W W	lalker lame of Person Resigning)	, hereby withdraw/r	resign as a
AMBR			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability compa	
Signature of D	issociating Member or Resign	ning Manager	5
	\$25.00 (Required) \$30.00 (Optional)		