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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Edit and Get It Literary Services, 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:
Deborah Koristz (Contact Person)
Edit and Get It (Firm/Company)
8685 Sandy Crest La Chaddress)
Boynton Beach, FL 33473 (City/State and Zip Code)
For further information concerning this matter, please call:
Debach Kor 15+2 at (561) 674-1867 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sim\$ \$\\$25 \text{Filing Fee}\$ \$\square\$ \$\\$55 \text{Filing Fee} & \text{Certified Copy}\$

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

CR2E079 (2/14)

Registration Section

Clifton Building

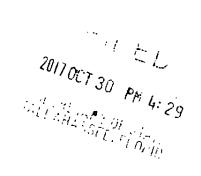
Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

STREET/COURIER ADDRESS:





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	e limited lia	ıbility com	pany as it a	appears o	on the records of the F	Torida Department	
of State is:	DIT	MD	GET.	TI	LITERARY	SERVICESS,	LLC
2. The Florida doc	ument/regi	stration nu	mber assig	ned to th	nis limited liability co	mpany is:	
_L1700	00106	543		<u></u> .			
3. The date this me	ember/man	ager withd	rew/resign	ed or wi	ll withdraw/resign is:	10/24/2017	
(Print)	Name of Pers	on Resigning	d)	, hereb	y withdraw/resign as	a	
_ Mana	GC() (Print Title)	MANE	1GER				
of this limited lia resignation in wi		pany and a	ffirm the li	mited lia	bility company has b	een notified of my	
The	ill	1					
Signature of D	issociating	Member o	or Resignin	g Manag	ger		
Filing Fee:	\$25.00	(Required	1)				
Certified Copy:	\$30.00	(Optional)				