## L17000110073

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
9	Office Use Onl	у

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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Safety Bandits, LLC (Name of Limited Liability Company)			
(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:			
Jonathon Lindback (Contact Person)			
Safety Bandits (Firm/Company)			
16301 Innovation Ln (Address)			
Fort Myers, FL 33913 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Jona Thon Lindback at (305) 393-3283  (Name of Contact Person) (Area Code & Daytime Telephone Number)			
(Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$\$ \$25 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Registration Section Division of Compositions Division of Compositions			

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

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 Florida Department
of State is: Safety Bandits, LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L17000110073
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/26/17
4. I, Acxiva Clark, hereby withdraw/resign as a (Print Name of Person Resigning)
Authorized Member (AMBR). (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)