

L17000116930

(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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2017 JUL 31 AM 10:07  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

AUG 02 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PROAGENT Digital 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:

MICHAEL PERTZ  
(Contact Person)

PERTZ INDUSTRIES LLC  
(Firm/Company)

2912 WOODHAVEN DRIVE  
(Address)

MEDINA OH 44256  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL PERTZ at ( 330 ) 461-6409  
(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: PROAGENT DIGITAL LLC

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

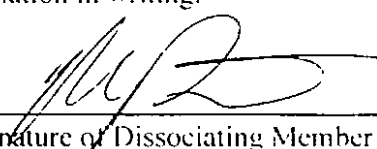
L17000116930

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7-19-17

4. I, MICHAEL PERTZ, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGING MEMBER  
(Print Title)

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

**FILED**  
2017 JUL 31 AM 10:07  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA