L17000 169815

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COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	Mastertech of Brevard LLC		
	(Name of	f Limited Liability Co	отрапу)
The enclosed	d member, resignation or dis	ssociation and fee	(s) are submitted for filing.
Please return	all correspondence concert	ning this matter to	:
Troy Morgan			
	(Contact Person)		_
Mastertech of	Brevard LLC		
	(Firm/Company)		_
4448 Bethany	Lane		
	(Address)	· -	-
Titusville Flori	ida 32780		
<u>.</u>	(City/State and Zip Code)		_
For further i	nformation concerning this	matter, please call	:
Troy Morgan		321 at (593-2165
(N	lame of Contact Person)		e & Daytime Telephone Number)
Enclosed ple	ease find a check made paya	ble to the Florida	Department of State for:
■ \$25 Filin	g Fee	□ \$55 Filir	ng Fee & Certified Copy
	ng Address:		Street Address:
_	stration Section		Registration Section
	sion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee
	hassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303

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 th	he records of the Fl	lorida Department	t
of State is:	ertech of Brevard LLC				
	ument/registration number	assigned to this l	imited liability con	mpany is:	
L17000169815		 -			
3. The date this me	ember/manager withdrew/re	esigned or will w	ithdraw/resign is: _	May 3, 2021	٠.
4. I,	ın	, hereby w	/ithdraw/resign as a	· · · · · · · · · · · · · · · · · · ·	
	lame of Person Resigning)				٠
Manager				7: 33 (A.S. C.)	
	(Print Title)			3 -	
of this limited lia resignation in wr	bility company and affirm iting.	the limited liabili	ity company has be	en notified of my	
	Muris	moren			
Signature of D	issociating Member or Res	igning Manager	-		
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				