

L17000179574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

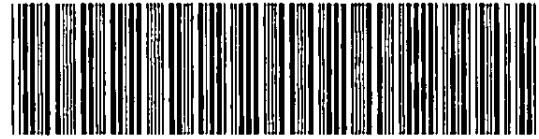
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600304136236

10/05/17--01012--019 \*\*30.00

FILED  
17 OCT -5 AM 11:50  
S. WARREN  
TALLAHASSEE, FLORIDA

S. WARREN

OCT 06 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Three D Labs, 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:

Gail William Januszewski

(Contact Person)

*nlk*

(Firm/Company)

9042 SedgeWood Drive

(Address)

Lake Worth, Florida 33467

(City/State and Zip Code)

For further information concerning this matter, please call:

Gail W. Januszewski

(Name of Contact Person)

at ( 561 ) 573-2621

(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: Three D Labs, LLC.

2. The Florida document/registration number assigned to this limited liability company is:  
L17000179574

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/29/2017

4. I, Gail William Januszewski, 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]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

*Certified copy please*

FILED  
OCT -5 AM 11:50  
DIVISION OF STATE  
CORPORATIONS, FLORIDA