## 117000185624

(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



800372022178



FILED



. . .

## **COVER LETTER**

Division of Corporations REAL DATA MANAGEMENT SYSTEMS LLC **SUBJECT:** (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: DAVID PRITCHETT (Contact Person) REAL DATA MANAGEMENT SYSTEMS LLC (Firm/Company) 130 NE 4TH AVE (Address) DEERFIELD BEACH, FL 33441 (City/State and Zip Code) For further information concerning this matter, please call: DAVID PRITCHETT 925 \_ at (\_\_\_\_ (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 Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section



## 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)

D12 A	e limited liability company as L DATA MANAGEMENT SYST	TIME LIZE	·	
2. The Florida doc L17000185624	ument/registration number a	ssigned to this limited liab	ility company is:	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/res	o8/01/2021 sign is:	
4. I, MARK PISTOR  (Print Name of Person Resigning)		, hereby withdraw/re	, hereby withdraw/resign as a	
MGR				
of this limited lia resignation in wr				
Signature of D	issociating Member or Resig	ining Manager	FIL 2021 AUG 24 SEGAL SAGY TALL SAGY	
	\$25.00 (Required) \$30.00 (Optional)		ASSEE, PAR 9	