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(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Au	uless)	
. (Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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ud)	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE TALLAHASSEE, FLORID;

2017 NOV -9 AM II: 5

K. SALY NOV 14 2017

COVER LETTER

Division of Corporations		
SUBJECT: ADVERGENT LLC		
	ted Liability Co	піралу)
The enclosed member, resignation or dissocia	ition and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:	
MICHAEL IBRAHIM		
(Contact Person)		_
ADVERGENT LLC		
(Firm/Company)		
1057 DUNLAP AVE		
(Address)		_
SPRING HILL FL 34609		
(City/State and Zip Code)		_
For further information concerning this matter	r, please call:	
MICHAEL IBRAHIM	405 at (532-5129
(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: g 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

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)

	ERGENT LLC
	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
IOHN Blue	
AMBR	
	Print Title)
of this limited lia resignation in wr	tility company and affirm the limited liability company has been notified of my ting.
Signature of D	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)