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COVER LETTER

TO: Registration Section Division of Corporations

ADVANCING TECHNOLOGY SYS	TEMS LLC	
SUBJECT:	1. 1. 1. 11. C	
(Name of Lim	ited Liability C	ompany)
The enclosed member, resignation or dissoci	ation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to	0:
Mark Schlachter		
(Contact Person)		<u> </u>
(Firm/Company)		
4279 Grogan Street		
(Address)		
Acworth GA 30101		
(City/State and Zip Code)		
For further information concerning this matt	er, please ca	11:
Mark Schlachter	770	335-5160
(Name of Contact Person)	_ at ((Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable t \$\Begin{align*} \Begin{align*} \Begi		a Department of State for: ing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

The name of the limited liability company as ADVANCING TECHNOLOGY SYSTE of State is:	
2. The Florida document/registration number as: L17000217341	signed to this limited liability company is:
	June 15 2021
3. The date this member/manager withdrew/resi Mark Schlachter	gned or will withdraw/resign is:
4. I,	, hereby withdraw/resign as a
(Print Name of Person Resigning) MANAGER	·
(Print Title)	
of this limited liability company and affirm the resignation in writing.	e limited liability company has been notified of my
MAZ	
Signature of Oissociating Member or Resign	ning Manager
	~-

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: