1/8000006102

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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K. SALY JAN 3 0 2018

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJ	PRECISION INSPECTION SERVICES, LLC				
	(Name of Limited Liability Company)				
The er	nclosed member, resignation or dissociation	and fee(s)	are submitted for filing.		
Please	return all correspondence concerning this r	natter to:			
SEAN	N BISHOP				
	(Contact Person)				
PREC	CISION INSPECTION SERVICES LLC				
	(Firm/Company)		•		
1028	1 PRESTON ROAD				
	(Address)		-		
BRO	OKSVILLE, FL 34601				
	(City/State and Zip Code)		•		
For fu	rther information concerning this matter, ple	case call:			
SEAN	N BISHOP	352	398-6963		
	(Name of Contact Person) (A	Area Code	& Daytime Telephone Number)		
	sed please find a check made payable to the Filing Fee		epartment of State for: Fee & Certified Copy		
	ET/COURIER ADDRESS:		MAILING ADDRESS: Registration Section		
_	on of Corporations		Division of Corporations		
	n Building		P.O. Box 6327		
	Executive Center Circle assee, Florida 32301		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)

1. The name of the	limited liability compan	y as it appears on the records of the Florida Department
of State is:	CISION INSPECTION	SERVICES, LLC
2. The Florida docu L18000006102	•	er assigned to this limited liability company is:
3. The date this me	mber/manager withdrew	/resigned or will withdraw/resign is: 1/22/2018
4. I. MARY BISHOP		, hereby withdraw/resign as a
	ame of Person Resigning)	
MGR		
	(Print Title)	
of this limited liab resignation in wri		n the limited liability company has been notified of my
Man A	Signature Ssociating Member or Re	esioning Manager
		corguing manager
Certified Copy:	\$25.00 (Required) / \$30.00 (Optional)	