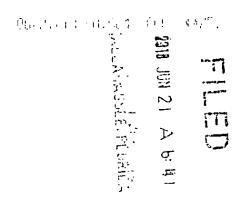
## LICOUSCISI

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of S	Status				
Special Instructions to Filing Officer:					

Office Use Only



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6/22/1805

## **COVER LETTER**

_	tration Section on of Corporations					
	Data Solutions Unlimited L					
	(Name of Li	mited Liability Cor	прапу)			
The enclosed	member, resignation or disso	ciation and fee(s	s) are submitted for filing.			
Please return	all correspondence concerning	g this matter to:				
Attila Hemel	la		5.1			
	(Contact Person)		— pn . 22 27	<u>دے</u>		
Data Solutio	ons Unlimited LLC		- Total	211 JUN 21		
	(Firm/Company)			Ţ.		
5550 Mosai	c Dr		67 51. 1	À 6: 41		
	(Address)	<u>.                                      </u>	- ;			
Holiday FL,	34690					
	(City/State and Zip Code)		<del>-</del>			
For further in	formation concerning this ma	tter, please call:				
Attila Heme	ła	<b>727</b> at (	6410122			
(Na	ame of Contact Person)		& Daytime Telephone Num	ber)		
	ase find a check made payable Fee					
	OURIER ADDRESS:		MAILING ADDRESS:			
Registration S Division of C			Registration Section Division of Corporations			
Clifton Build	•		P.O. Box 6327			
2661 Executive Tallahassee, F	ve Center Circle Florida 32301		Tallahassee, Florida 3231	4		

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)

			7	25
1. The name of the	limited liability company as	it appears on the reco	ords of the Flori	da Department
of State is:	Solutions Unlimited LLC		7,	2
	iment/registration number as		51.7 11.7 12.7	σ. Ξ
3. The date this me	mber/manager withdrew/res	igned or will withdray	v/resign is:	8-2018
Attile Hemel				
(Print N President	ame of Person Resigning)			
· · · · · · · · · · · · · · · · · · ·	(Print Title)			
of this limited lial resignation in wri	oility company and affirm th ting.	e limited liability con	npany has been	notified of my
Attil	la Hernela Hitch H	land		
Signature of Di	ssociating Member or Resig	ning Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			