

L180000 50951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

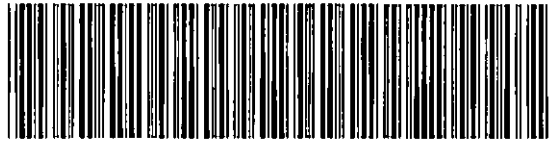
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/29/18--01018--006 **25.00

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18 JUN 29 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
JUL 02 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Data Solutions Unlimited LLC
(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:

Robert Bardallis
(Contact Person)

Data Solutions Unlimited LLC
(Firm/Company)

(current) 3201 Garrison Road
(Address)

Dunedin, FL 34698
(City/State and Zip Code)

(on company: ADDRESS
is 1833 Venetian Point
Drive
Clearwater FL
33755)

For further information concerning this matter, please call:

Robert Bardallis at (727) 692-4158
(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

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



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)

FILED
JUN 29 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Data Solutions Unlimited LLC

2. The Florida document/registration number assigned to this limited liability company is:

L18000050951

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6-15-18

4. I, Robert Baroallis, hereby withdraw/resign as a
(Print Name of Person Resigning)

VP
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Robert Baroallis
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)