

418000050951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

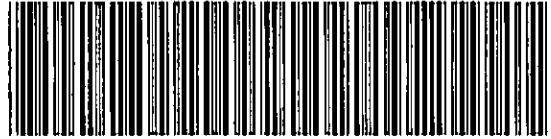
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF  
TALLAHASSEE, FLORIDA

2018 JUL -5 AM 8:48

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U.S.  
07/11/18

## 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  
(Firm/Company)

3201 Garrison Rd -  
(Address)  
Dunedin FL 33755  
(City/State and Zip Code)

(Current Address for Robert)  
(Company Address)  
5550 Mosaic Dr  
Holiday FL 34690

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)

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:

LIS: CEC 50951

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

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

V.P.  
(Print Title)

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

Robert Bardall  
Signature of Dissociating Member or Resigning Manager

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

2018 JUL -5 AM 9:40  
TALLAHASSEE, FLORIDA

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