L1900006l0l065

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
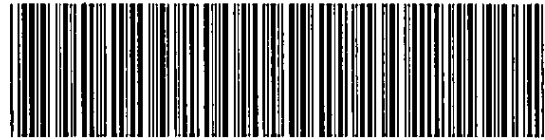(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

SUBJECT: CONNECTED WISE 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:

Enes Karaaslan
_____
(Contact Person)

Connected Wise LLC
_____
(Firm/Company)

4913 Blackburn Ct
_____
(Address)

Orlando, FL 32826
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Enes Karaaslan   321   987-9775
_____
(Name of Contact Person)   at (___) (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

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: **CONNECTED WISE LLC**

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

   L18000061065

3. The date this member/manager withdrew/resigned or will withdraw/resign is: **1/3/2018**

4. I, **HALUK LAMAN**, hereby withdraw/resign as a

   (Print Name of Person Resigning)

   MEMBER

   (Print Title)

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

[signature]

Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)