## 118000/64646

(Requestor's Name)				
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/\\/\				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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DEC 1.2 2018

## **COVER LETTER**

TO:	Registration Section Division of Corporations		•		
SUBJ		· · · · · · · · · · · · · · · · · · ·			
	(Name of Limited Liability Company)				
The er	nclosed member, resignation or dissoci-	ation and fee(s	s) are submitted for filing.		
Please	return all correspondence concerning	this matter to:			
Shell	ey Joseph Sousa				
	(Contact Person)				
Grou	p Tech Services LLC				
	(Firm/Company)		_		
2445	NW 33rd St Apt 1413		_		
	(Address)				
Oakla	and Park, FL 33309		_		
	(City/State and Zip Code)				
For fu	rther information concerning this matte	er, please call:			
Shell	ey Joseph Sousa	305	6068745		
•	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  \$\Begin{align*} \text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$\text{\$}}\$}} \text{\$\text{\$\text{\$\text{\$\text{\$}}\$}} \text{\$\text{\$\text{\$\text{\$\text{\$}}\$}} \text{\$\text{\$\text{\$\text{\$\text{\$\text{\$}}\$}} \$\text{					
	CET/COURIER ADDRESS:		MAILING ADDRESS:		
_	tration Section on of Corporations		Registration Section Division of Corporations		
	n Building		P.O. Box 6327		
2661 I	Executive Center Circle assee, Florida 32301		Tallahassee, Florida 32314		

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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## 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:	up Tech Services LLC	
2. The Florida docu	ument/registration number as	signed to this limited liability company is:
L1800016464	6	·
3. The date this me	mber/manager withdrew/res	gned or will withdraw/resign is:
4. I. Shelley Joseph Sousa		, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	· ;
CEO		
	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
Shar	les douts Sun	···
Signature of Di	ssociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	