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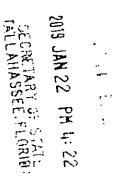
(Re	questor's Name)	<del>-</del>		
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## **COVER LETTER**

TO:	Registration Section Division of Corporations			2013 JA 2
CHID	MENTOREM TECHNOLOG	GIES LLC	£5.54	2 24
SUBJECT: (Name of Limited Liability Company)				
The c	nclosed member, resignation or dissoc	eiation and fee(s	) are submitted for filing.	Sir P
Please	e return all correspondence concerning	this matter to:		
Hoar	ng Nguyen			
	(Contact Person)	<del></del>	-	
MEN	TOREM TECHNOLOGIES LLC			
	(Firm/Company)		<del>.</del>	
3104	NORTH ARMENIA AVE SUITE 2			
	(Address)		-	
TAM	PA, FL 33607			
	(City/State and Zip Code)		-	
For fu	orther information concerning this mat	ter, please call:		
Hoar	ng Nguyen	623	826-9730	
	(Name of Contact Person)		& Daytime Telephone Number)	
Enclo	sed please find a check made payable 5 Filing Fee		epartment of State for: Fee & Certified Copy	
Regis Divisi Clifto	EET/COURIER ADDRESS: tration Section ion of Corporations in Building		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
∠001	Executive Center Circle		Tallahassee, Florida 32314	

Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



## 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	e limited liability company as it	appears on the records of the Florida Department
of State is:	NTOREM TECHNOLOGIES	LLC
	ument/registration number assi	gned to this limited liability company is:
3. The date this me	ember/manager withdrew/resign	ned or will withdraw/resign is:
4.1,	Bound Enterprises LLC	, hereby withdraw/resign as a
(Print !	Name of Person Resigning)	
MGR - Walte	r Matthews	
	(Print Title)	
of this limited lia resignation in wi	· -	limited liability company has been notified of my
Walte	a Ataulius	
Signature of D	issociating Member or Resignin	ng Manager
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	