## 118000288292

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
_ PICK-UP	☐ WAIT	MAIL
(Bi	siness Entity Nan	me)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

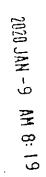
Office Use Only



800338255088

01/09/20--01008--005 \*\*25.00

S TALLENT FEB - 7 2020



DISS/Kapus Marib Man

## COVER LETTER

Registration Section

TO:

**Division of Corporations ODOTRACK USA LLC** SUBJECT: (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: MICHEL ELKAS (Contact Person) SPEC-COM SERVICES LLC (Firm/Company) 12870 TRADE WAY FOUR #107, STE 316 (Address) **BONITA SPRINGS, FL 34135** (City/State and Zip Code) For further information concerning this matter, please call: 248 670-1700 MICHEL ELKAS at (\_\_\_\_\_ (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy **\$25** Filing Fee Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303



## 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)

ODO	TRACK USA LLC	s it appears on the records of t		ment
2. The Florida doc L18000288292	ument/registration number a	ssigned to this limited liabilit	y company is:	
SDEC COM SE	ERVICES LLC	signed or will withdraw/resign		_
	(Print Title) bility company and affirm th	ne limited liability company h		fmy
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	ming Manager	2020 JAN -9 AM 8: 1	