

L19 00000 8323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

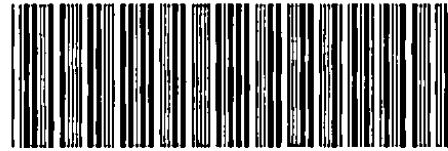
(Business Entity Name)

(Document Number)

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09/19/19--01004--002

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SULKER

SEP 30 2019

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Steves HearingLLC

\_\_\_\_\_  
(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:

Steve Burns

\_\_\_\_\_  
(Contact Person)

Audiology Business Consulting Services, LLC

\_\_\_\_\_  
(Firm/Company)

2194 Main Street, Suite C

\_\_\_\_\_  
(Address)

Dunedin, FL 34698

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Burns

\_\_\_\_\_  
(Name of Contact Person)

at ( 815 ) 575-4166

\_\_\_\_\_  
(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 F  
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 De  
of State is: Steves HearingLLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000008323

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/13/20

4. I, Audiology Business Services LLC, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager

*(Print Title)*

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

Signature of Dissociating Member or Resigning Manager

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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