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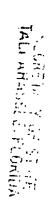
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COVER LETTER

	stration Section sion of Corporations		
DIVIS	non or corporations		
SUBJECT:	Steves HearingLLC		
	(Name of Limite	d Liability Cor	npany)
The enclosed	I member, resignation or dissociati	ion and fee(s	s) are submitted for filing.
Please return	all correspondence concerning the	is matter to:	
Steve Burn	S		
	(Contact Person)		_
Audiology I	Business Consulting Services, I	LLC	
	(Firm/Company)		_
2194 Main	Street, Suite C		_
	(Address)		
Dunedin, F	L 34698		_
	(City/State and Zip Code)	•	_
For further i	nformation concerning this matter,	, please call:	
Steve Burn		815 at (575-4166
(N	fame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple ■ \$25 Filing	ease find a check made payable to t g Fee		Department of State for: g Fee & Certified Copy
Registration Division of Clifton Build	Corporations ding		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
	rive Center Circle Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FI FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	ted liability company as	it appears on the records of the Flo	orida D€
2. The Florida documer	nt/registration number as	ssigned to this limited liability com	pany is:
3. The date this member 4. I, Audiology Busine	ess Services I.I.C	igned or will withdraw/resign is:, hereby withdraw/resign as a	
Manager	of Person Resigning) t Title)		STORE T
of this limited liability resignation in writing	• •	e limited liability company has bee	en motified
Filing Fee:	siating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ning Manager	