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## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
	•
SUBJECT: Measurement Next, LLC	
(Name of Lin	nited Liability Company)
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
David Reardon	
(Contact Person)	·
Measurement Next, LLC	
(Firm/Company)	
203 Country Club Dr.	
(Address)	
Ormond Beach, FL 32176	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
David Reardon	386 795-6750
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\equiv \$25 \text{ Filing Fee}\$	the Florida Department of State for:  ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 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)

1. The name of to	he limited liability company a	is it appears on the record	s of the Florida Department
	ocument/registration number a		
Tyler Johnson	nember/manager withdrew/res		
of this limited li	APPINITULE) ability company and affirm the	ie limited liability compar	ny has been notified of my
	Dissectating Member or Resign		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2020 JAN 15 SEFARTHENT OF CORN TALLAHASSEE.