## L19000a16590

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## **COVER LETTER**

Division of Corporations QUANTUM ENERGY INFUSION, 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: Holiday Hunt Russell, Esq. (Contact Person) Holiday Hunt Russell PLLC (Firm/Company) 2699 Stirling Road Suite A-105 (Address) Fort Lauderdale, Florida 33312 (City/State and Zip Code) For further information concerning this matter, please call: Holiday Hunt Russell, Esq. 920-5153 (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** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



15 L. Silio

## 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)

	limited liability company as it a		Florida Department
of State is: QUA	NTUM ENERGY INFUSION, LLC		
2. The Florida docu L19000216590	ument/registration number assign	ned to this limited liability co	ompany is:
3. The date this me	ember/manager withdrew/resigne	ed or will withdraw/resign is:	September 1, 2020
4. I, DEBRA LARSE	EN  lame of Person Resigning)	_, hereby withdraw/resign as	a
Manager	and of the control of		
-	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the lititing.	mited liability company has b	een notified of my
Defra L	arsen		
Signature of Di	issociating Member or Resigning	, Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		