

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H22000210618 3)))



H220002106183ABCW

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SNYDER & SNYDER, P.A.  
Account Number : I20160000107  
Phone : (954)475-1139  
Fax Number : (954)475-2634

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Corp@Snyderlawpa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
COMPSYNERGY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

JUN 17 2022

MI. SOLOMON

2022 JUN 17 AM 9:41

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2022 JUN 17 PM 12:27

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**COVER LETTER**

(((H22000210618 3)))

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COMPSYNERGY, LLC

(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:

SHAWN C. SNYDER, ESQ

(Contact Person)

SNYDER & SNYDER, P.A.

(Firm/Company)

7931 ORANGE DRIVE

(Address)

DAVIE, FL 33328

(City/State and Zip Code)

For further information concerning this matter, please call:

BRITTANY KENNEDY, LEGAL ASSISTANT

at ( 954 ) 475-1139

(Name of Contact Person)

(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

**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

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2022 JUN 17 PM 12:27  
CLERK OF COURT  
JULIA S. PETERSON



(((H22000210618 3)))

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 the limited liability company as it appears on the records of the Florida Department  
COMPSYNERGY, LLC  
of State is: \_\_\_\_\_

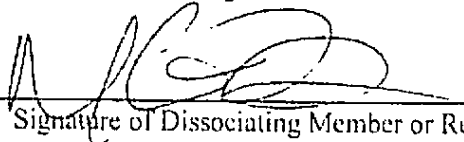
2. The Florida document/registration number assigned to this limited liability company is:  
L19000247119  
\_\_\_\_\_

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/31/22  
MARI DIAZ

4. I, \_\_\_\_\_, 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 of my  
resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

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

STATE OF FLORIDA  
DIVISION OF STATE  
CORPORATIONS

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