## 000 251 123 (Requestor's Name) (Address) 700395880697 (Address) 10/18/22--01015--006 \*\*25.00 (City/State/Zip/Phone #) PICK-UP ] wait MAIL (Business Entity Name) (Document Number) Certificates of Status \_\_ Certified Copies \_\_\_\_\_ Special Instructions to Filing Officer: - 1 i , ·

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## COVER LETTER Registration Section TO: Division of Corporations MACHINE PERCEPTION, 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: Pedram Nimreezi (Contact Person) MACHINE PERCEPTION, LLC. (Firm/Company) 1461 NW 99th AVE (Address) PLANTATION, FL 33322 (City/State and Zip Code) For further information concerning this matter, please call: Pedram Nimreezi 954 683-2010 at (\_ (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: 🔳 \$25 Filing Fee S55 Filing Fee & Certified Copy Street Address: Mailing Address: Registration Section **Registration Section** Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6\$27 2415 N. Monroe Street, Suite 810 Tallahassed, FL 32314 Tallahassee, FL 32303

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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)

- 2. The Florida document/registration number assigned to this limited liability company is: L19000251123
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_
- Eric Herman 4. I.

(Print Name of Person Resigning)

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(Print Titler

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

hereby withdraw/resign as a

Signature of Dissociating Member or Resigning Manager

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