119000 284388

(Requestor's Name)				
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John J

COVER LETTER

TO:	Registration Section			
	Division of Corporations			
	Veteran Solutions Technolog	y LLC		
SUBJ	JECT:			
		f Limited Liability Co	ompany)	
The e	nclosed member, resignation or dis	ssociation and fee(s) are submitted for filing.	
Please	e return all correspondence concerr	ning this matter to:	:	
Samu	el L. Torres Jr			
	(Contact Person)			
Vetera	an Solutions Technology LLC			
	(Firm/Company)	<u> </u>	_	
204 E	ast Betony Branch Way			
	(Address)		_	
Saint	Johns. FL 32259			
	(City/State and Zip Code)		_	
For fu	urther information concerning this i	matter, please call	:	
Samu	el L. Torres Jr		770-5881	
	(Name of Contact Person)		e & Daytime Telephone Number)	
Enclo	sed please find a check made paya	ble to the Florida	Department of State for:	
Z] \$2	5 Filing Fee	□ \$55 Filin	g Fee & Certified Copy	
	Mailing Address:		Street Address:	
	Registration Section		Registration Section	
	Division of Corporations		Division of Corporations	
	P.O. Box 6327		The Centre of Tallahassee	
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

CR2E079 (2/14)

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)

	e limited liability company a ran Solutions Technology LLC	s it appears on the records of the Florida Department
2. The Florida doc L19000284388	cument/registration number a	assigned to this limited liability company is
		14 Sept 2020
3. The date this m- lan Alexander	-	signed or will withdraw/resign is:
4. I,	Name of Person Resigning)	, hereby withdraw/resign as a
 	(Print Title)	
of this limited lia resignation in w		he limited liability company has been notified of my
Signature of D	vissociating Member or Resi	gning Manager
Filing Fee: Certified Conv	\$25.00 (Required) \$30.00 (Optional)	