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MAR 23 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Purjes Con (Name of Limit	ed Liability Company)
The enclosed member, resignation or dissocia	ition and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Dan Purjes (Contact Person)	
Purjes Consult (Firm/Company)	
415 L'Ambirti	nce Dr. #808
Longboat Key (City/State and Zip Code)	FL 34228.
For further information concerning this matte	r, please call:
(Name of Contact Person)	at (267) 266-9885 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	ath∉ 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 the l	mited liability company as it appears o	on the records of the Florida Department	
of State is:	Purjes Consulting 1	LLC.	
2. The Florida docur	nent/registration number assigned to th	nis limited liability company is:	
<u> L1900</u>	0786962		
3. The date this men	ber/manager withdrew/resigned or wil	ll withdraw/resign is: <u>Feb.14, 2</u> 02	0
4.1. Runell (Print Na)	e Plumer	oy withdraw/resign as a	
	ANAGEC		
of this limited liabi resignation in writ	•	ability company has been notified of my	
<u>c Autt</u>	e Plus		
Signature of Dis	sociating Member or Resigning Manag	2020	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	DZO HAR -4 AM STANDERY OF S STUDIOR OF CORPOR STUDIOR AMASSEE, FL	77