LZO 0000 10352

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(2.7, 2.1
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

-t*	An A. P.
TO: Registration Section Division of Corporations	•
Compelling Motion LLC SUBJECT:	
(Name of Limited Lia	ability Company)
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to:
J Michael Martz	
(Contact Person)	
Compelling Motion LLC	
(Firm/Company)	
620 W Osceola Street	
(Address)	
Clermont, Florida 34711	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
•	07 738-5104
at (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the I ■ \$25 Filing Fee	
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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CR2E079 (2/14) A Place NO	te you mispelled agents name in martz is proper my (also mgn himb
registered	agents name in
class one soot:	Martz is proper
0/21/2020 Tooll	my Calso man him



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)

		s it appears on the records of th	•
2. The Florida doc L20000010352	ument/registration number a	ssigned to this limited liability	company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign	8/26/2020 is:
4. I, Vic Devore (Print)	same of Person Resigning)	, hereby withdraw/resign	as a
MGR			
	(Print Title)		
of this limited lia resignation in w		he limited liability company ha	s been notified of my
Vic !	Sevore		
Signature of D	issociating Member or Resig	gning Manager	5020 KOY
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		-2 PH