

L200000016515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

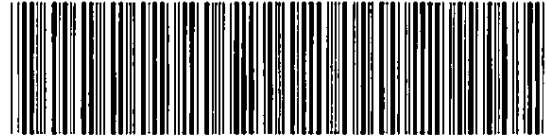
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/20/23--01025--002 \*\*25.00

2023 SEP 20 PM 3:34

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*(Handwritten signature)*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SHRAMKO ENGINEERING 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:

PETER SHRAMKO

\_\_\_\_\_  
(Contact Person)

SHRAMKO ENGINEERING LLC

\_\_\_\_\_  
(Firm/Company)

4922 NW 54TH AVE

\_\_\_\_\_  
(Address)

COCONUT CREEK, FL 33073

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

PETER SHRAMKO

954 646-5011  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(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



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 of State is: SHRAMKO ENGINEERING LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L00000016515

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 18-SEP-2023

4. I, ANDREA SHRAMKO, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AUTHORIZED MEMBER

*(Print Title)*

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

 9/18/23  
Signature of Dissociating Member or Resigning Manager

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

Pursuant to Section 117.05(13)(a), Florida Statutes, the following notarial certificates is sufficient for an acknowledgment in an individual capacity.

STATE OF FLORIDA

COUNTY OF Broward

The foregoing instrument was acknowledged before me this 18 day of Sept, 2023, by (name of person acknowledging).

(NOTARY SEAL) (Signature of Notary Public-State of Florida)

(Name of Notary Typed, Printed, or Stamped)

Personally Known            OR Produced Identification           

Type of Identification Produced FLDL

