

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration Se	ection		
Division of Co	rporations		
Determin	ation Factory, LLC		
SUBJECT:			
	(Name of	Limited Liability Con	npany)
The enclosed member,	, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all corres	spondence concern	ing this matter to:	
Lorene Wroblewski			
	(Contact Person)		-
Determination Factory, LI	LC		
	(Firm/Company)		-
P.O. Box	87		
P.O. Box	(Address)		-
Brades to	, FC 3	4206	_
(Cit	y/State and Zip Code)		
For further information	n concerning this n	natter, please call:	
Scott 2	Bocklyn	1 at (6/2) <u>791 2999</u> & Daytime Telephone Number)
(Name of Co	ntact Person)	(Area Code	& Daytime Telephone Number)
	check made payab		repartment of State for:
\$25 Filing Fee		□ \$55 Filing	Fee & Certified Copy
Mailing Address:			Street Address:
Registration Se			Registration Section
Division of Corporations			Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



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: Determination Factory, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L20000031896
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/14/20
4. I, Lorene F. Wroblews L., hereby withdraw/resign as a (Print Name of Person Resigning)
CEO (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Horere F. Drublani
Signature of Dissociating Member or Resigning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: