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(Reques	tor's Name)
(Address	5)
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(City/Sta	te/Zip/Phone #)
PICK-UP	WAIT MAIL
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	s Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to Filing	ı Officer:
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COVER LETTER

TO: Registra	tion Section		
Division	of Corporations		
SUBJECT: Qu	ickstart Solutions, LLC (Name of Limited	Liability Con	opany)
	(Name of Elimited	ciadinity Con	ipany,
The enclosed m	ember, resignation or dissociatio	n and fee(s) are submitted for filing.
Please return all	correspondence concerning this	matter to:	
Kevin Campbell			
	(Contact Person)		-
Quickstart Solution	ns, LLC		
	(Firm/Company)		-
10791 Orange Riv	er Blvd.		
	(Address)		-
Fort Myers, FL 33	 9 0 5 		
	(City/State and Zip Code)		-
For further info	mation concerning this matter, p	lease call:	
Annmarie Campbe	 	239	872-2955 _) & Daytime Telephone Number)
(Name	e of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please	find a check made payable to the	e Florida D	Department of State for:
S25 Filing F	ee \Box	\$55 Filing	Fee & Certified Copy
Mailing A			Street Address:
_	tion Section		Registration Section
	of Corporations		Division of Corporations
P.O. Box	i =		The Centre of Tallahassee
i alianas	see, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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)

	he limited liability company as it appears on the records of the Florida Department lickstart Solutions, LLC
	ocument/registration number assigned to this limited liability company is:
	member/manager withdrew/resigned or will withdraw/resign is:
4. I. Annmaire Car	hereby withdraw/resign as a hereby withdraw/resign as a hereby withdraw/resign as a
(Prin MGR	t Name of Person Resigning)
	(Print Title)
resignation in	
Signarure of	Dissociating Member or Resigning Manager
Filing Fcc: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)