121000030384

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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2021 SEP 27 PH 2: 19

COVER LETTER

TO:	Registration Section			
	Division of Corporations			
SUBJ	QUALITY SERVICES RESEARCH			
	(Name of Lim	nited Liability Company)		
The e	nclosed member, resignation or dissoci	iation and fee(s) are submitted for filing.		
Please	e return all correspondence concerning	this matter to:		
	TALIA B MARTINEZ RODRIGUEZ			
	(Contact Person)			
	QUALITY SERVICES RESEARCH LLC			
_	(Firm/Company)			
	4720 SE 15TH AVE SUITE 120			
	(Address)			
	CAPE CORAL, FL 33904			
	(City/State and Zip Code)			
For fi	urther information concerning this matt	er, please call:		
TALI	A B MARTINEZ RODRIGUEZ	786 342-9555 at ()		
	(Name of Contact Person)	_ at () (Area Code & Daytime Telephone Num	ber)	
	sed please find a check made payable t	,		
\$ \$2	5 Filing Fee	☐ \$55 Filing Fee & Certified Copy		
	Mailing Address:	Street Address:		
	Registration Section	Registration Section		
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahasse		
	Tallahassee, FL 32314	2415 N. Monroe Street, S		
	randidasce, i E 52514	Tallahassee FL 32303	rance or to	



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)

The name of the limited liability company as it of State is: Output Out	appears on the records of the Florida Department
2. The Florida document/registration number assi L21000030384	gned to this limited liability company is:
3. The date this member/manager withdrew/resign 4. I, GEORGE MORALES (Print Name of Person Resigning)	
of this limited liability company and affirm the resignation in writing. Signature of Dissociating Member or Resigning	limited liability company has been notified of my

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: