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(Requestor's Name)		
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COVER LETTER

Division of Corporations		
ONTARGETDISPATCH, LLC		
SUBJECT:		
(Name o	of Limited Liability C	ompany)
The enclosed member, resignation or di	issociation and fee	e(s) are submitted for filing.
Please return all correspondence concer	rning this matter to):
CARLOS RUBIO		
(Contact Person)		_
ONTARGETDISPATCH, LLC		
(Firm/Company)		
4602 COPPER LN		
(Address)		
PLANT CITY, FL 33566		
(City/State and Zip Code)		<u> </u>
or further information concerning this	matter, please cal	1:
CARLOS RUBIO	866	582-7438
(Name of Contact Person)) de & Daytime Telephone Number)
		•
inclosed please find a check made paya		•
■ \$25 Filing Fee	☐ \$22 Fili	ng 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)

ONI	e limited liability company as ARGETDISPATCH, LLC	s it appears on the records of the Florida Departmen
2. The Florida doc 1.21000111752	rument/registration number a	ssigned to this limited liability company is:
		. 07/01/2021
3. The date this me JUAN RUBIO	ember/manager withdrew/res	signed or will withdraw/resign is:
		hereby withdraw/resign as a
(Print) MEMBER	Same of Person Resigning)	· · · · · ·
	(Print Title)	
resignation in wr	ibility company and affirm the riting. issociating Member or Resignations in the company and affirm the riting.	ne limited liability company has been notified of my
	\$25.00 (Required) \$30.00 (Optional)	-6 AM 10: