# 121000261812

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600370367086

08/09/2021 JH

FILED
2021 JUL 29 PHI2: 40
SECRETARY OF STATE

#### **COVER LETTER**

**Registration Section Division of Corporations** Spark Possibility Coaching & Consulting LLC SUBJECT: (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: Kate Siano (Contact Person) Spark Possibility Coaching & Consulting LLC (Firm/Company) 6325 NW Topaz Way (Address) Port St Lucie FL 34986 (City/State and Zip Code) For further information concerning this matter, please call: Kate Siano 561 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:



#### FILED

2021 JUL 29 PM 12: 40

SECRETARY OF STATE TALLAHASSEE, FLORID

### 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 appears on the records of State is:    Spark Possibility Coaching & Consulting	of the Florida Department
2. The Florida document/registration number assigned to this limited liab L21000261812	ility company is:
3. The date this member/manager withdrew/resigned or will withdraw/res  4. 1. Kevin Nicklas  (Print Name of Person Resigning)  , hereby withdraw/res	
Member (Print Title)	
of this limited liability company and affirm the limited liability company resignation in writing.  Signature of Dissociating Member of Resigning Manager	y has been notified of my
Filing Fee: \$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)