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TO: Registration Section	
Division of Corporations	
CMK PROCESS CONSULTING, LLC SUBJECT:	
(Name of Limited	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
Ken Carella	
(Contact Person)	
CMK Process Consulting LLC	
(Firm/Company)	
2346 Oceanforest Drive West	
(Address)	
Atlantic Beach, FL 32233	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Ken Carella	904 742-7685
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
■ \$25 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 81

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)

	limited liability company as	• •	of the Florida Depart	ment
2. The Florida docu EIN 87-2247273	ument/registration number a	ssigned to this limited liabi	lity company is:	
4. I. MARGARET R (Print N PRESIDENT	'ame of Person Resigning)	signed or will withdraw/resi		
	(Print Title) bility company and affirm thiting.	ne limited liability company	au has been notified o	fmy
Filing Fee:	Sesociating Member or Resignation (Required) \$30.00 (Optional)	gning Manager	2023 JUN 12 PM 2: 30 SECALIARY OF STATE TALLAHASSEE, FLORID	TICO