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22 SEP 19 FH 2: 42

COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	Chieftain Services, LLC			
	(Name of	Limited Liability C	ompany)	
The enclosed	d member, resignation or dis	sociation and fee	(s) are submitted for filing.	
Please return	all correspondence concern	ing this matter to):	
Diane Knudser	n			
	(Contact Person)	·	. 	
Chieftain Servi	ices, LLC			~
-	(Firm/Company)		 -	:: <u>:</u> :: ?2
3340 SE Feder	ral Hwy #279			22 SEP 19 PN 2: 42
	(Address)	~-		ر برد مرد م
Stuart, FL3499	97			10 Z:
	(City/State and Zip Code)		_	42
For further in	nformation concerning this r	natter, please cal	1:	
Diane Knudser	n	516 at (236-8702	
(N	Jame of Contact Person)		de & Daytime Telephone Number)	
Enclosed ple	ease find a check made payal g Fee		Department of State for: ng Fee & Certified Copy	
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 thassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	310

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)

of State is: Chief	tain Services, LLC		
2. The Florida doc	ument/registration number as	ssigned to this limited liability company is:	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:	
4. I,	lame of Person Resigning)	, hereby withdraw/resign as a	
Member	(Print Title)		
of this limited lia resignation in wr		ne limited liability company has been notified of my	
Signature of D	issociating Member or Resig	ming Manager 22 SEP 19	11 11 11 11
	\$25.00 (Required) \$30.00 (Optional)	19 PH 2	