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## COVER LETTER

TO: Registration Section Division of Corporations LSG7 SERVICES 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: Charles A. Comer (Contact Person) LSG7 SERVICES LLC (Firm/Company) 7935 Red Bean Dr. (Address) Pensacola, Florida, 32526 (City/State and Zip Code) For further information concerning this matter, please call: Charles A Comer (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **\$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 810

Tallahassee, FL 32303

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)

1. The name of the	e limited liability company	as it appears on the records of th	
of State is:	7 SERIVCES LLC		24 FE
		assigned to this limited liability	company is: AH 8:
3. The date this m	ember/manager withdrew/re	esigned or will withdraw/resign	02/1 <del>9</del> /2024 cm
4. I,Robert K Fusion	n	, hereby withdraw/resign	as a
(Print)	Name of Person Resigning)		
Manager (MGR)			
	(Print Title)	•	
resignation in w		the limited liability company ha	s been notified of my
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		