L24000286470

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Division of Corporations SYNERGY MARKETING SOLUTIONS 1, 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: KAYLAN C BLUME (Contact Person) SYNERGY MARKETING SOLUTIONS 1, LLC (Firm/Company) 750 11TH ST S. STE 202 (Address) NAPLES, FL 34102 (City/State and Zip Code) For further information concerning this matter, please call: KAYLAN C BLUME (Name of Contact Person) (Area Code & Daytime Telephone Number) 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

TO:

Registration Section



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)

	e limited liability company a		of the Florida Department
2. The Florida doc 1.24000286470	ument/registration number a	assigned to this limited liabi	lity company is:
ALRERTO A TI	ember/manager withdrew/res		
MANAGER	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the	he limited liability company	has been notified of my
Signature of Di	ssociating Member or Resig	gning Manager	
	\$25.00 (Required) \$30.00 (Optional)		7