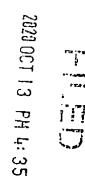
M10000005809

(Re	equestor's Name)	
(Ac	ddress)	····
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Nam	e)
(De	ocument Number)	<u> </u>
tified Copies	Certificates	of Status
pecial Instructions to	Filing Officer:	
	Office Use Only	/



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NOV 1 7 2020 S. YOUNG

COVER LETTER

Division of Corporations		
FQSR, LLC SUBJECT:		
	f Limited Liability (Company)
The enclosed member, resignation or dis	ssociation and fe	e(s) are submitted for filing.
Please return all correspondence concern	ning this matter t	co:
Carly Slattery		
(Contact Person)		-
FQSR, LLC		
(Firm/Company)		
10950 Grandview Drive Suite 300		
(Address)		
Overland Park, KS 66210		
(City/State and Zip Code)		_
For further information concerning this	matter, please ca	11:
Carly Slattery	913 at (356-6318
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed please find a check made paya \$\mathbb{B}\$ \$25 Filing Fee		a Department of State for: ing Fee & Certified Copy
54.10 A 34.		Chana Adduser
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314

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)

	limited liability company as		
2. The Florida docu M10000005809	ment/registration number as	ssigned to this limited lial	bility company is:
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/re	esign is:
	ame of Person Resigning)		
Title Authorized I			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm th	e limited liability compa	ny has been notified of my
M. Signature of Di	Meedha ssociating Member or Resig	ning Manager	2029 OCT 13
	\$25.00 (Required) \$30.00 (Optional)		3 PH 4: 35