

M120000005316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

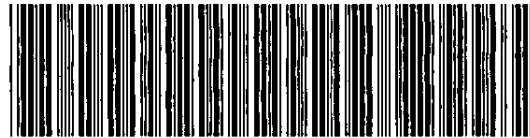
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STATE OF FLORIDA
TALLAHASSEE, FL 32302

2013 MAR 19 AM 8:22

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J. SAULSBERRY
EXAMINER

MAR 20 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Halo Tek, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kevin Greer

(Contact Person)

4GRS, LLC

(Firm/Company)

26505 Noble Road

(Address)

Excelsior, MN 55331

(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Greer

(Name of Contact Person)

at (612) 802-9907

(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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Halo Tek, LLC

2. This limited liability company was organized under the laws of:
Delaware

3. The Florida document/registration number of this limited liability company is:
M12000005316

4. I, 4GRS, LLC, hereby resign as a Member
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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