m1500002972

| (Requestor's Name) | | | | |
|---|----------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2016

JOHN ZEVGOLIS 5612 DESCARTES CIRCLE BOYNTON BEACH, FL 33472

SUBJECT: THE DRONECYCLONE COMPANY, LLC

Ref. Number: M15000002972

We have received your document for THE DRONECYCLONE COMPANY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 116A00003644

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

COVER LETTER

CR2E079 (2/14)

| TO: Registration Section Division of Corporations ATTA: STROY | | | | | |
|--|------------------|--|--|--|--|
| SUBJECT: The DroneCyclone Company | , LLC | | | | |
| | ed Liability Con | npany) | | | |
| The enclosed member, resignation or dissocia | tion and fee(s |) are submitted for filing. | | | |
| Please return all correspondence concerning this matter to: | | | | | |
| John Zevgolis | | | | | |
| (Contact Person) | | - | | | |
| Zev USA LLC | | | | | |
| (Firm/Company) | | - | | | |
| 5612 Descartes Circle | | | | | |
| (Address) | | - | | | |
| Boynton Beach, FL 33472 | | | | | |
| (City/State and Zip Code) | | - | | | |
| For further information concerning this matter, please call: | | | | | |
| John Zevgolis | 415 at (| 533,5148 | | | |
| (Name of Contact Person) | (Area Code | & Daytime Telephone Number) | | | |
| Enclosed please find a check made payable to \$25 Filing Fee ALREADY SUBMITTED | | Pepartment of State for: Fee & Certified Copy | | | |
| STREET/COURIER ADDRESS: | | MAILING ADDRESS: | | | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | | | |
| Clifton Building | | P.O. Box 6327 | | | |
| 2661 Executive Center Circle | | Tallahassee, Florida 32314 | | | |
| Tallahassee, Florida 32301 | | | | | |



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 DRONECYCLONE COM | • • • | of the Florida Department | |
|------------------------------------|---|-----------------------------|----------------------------|--|
| 2. The Florida docu M1500000297 | ument/registration number a | ssigned to this limited lia | bility company is: | |
| 3. The date this me | mber/manager withdrew/res | signed or will withdraw/re | esign is: | |
| 4. I, | | | | |
| MGR | (Print Title) | | | |
| | bility company and affirm th | ne limited liability compa | ny has been notified of my | |
| Signature of Di | ssociating Member or Resig | gning Manager | | |
| | \$25.00 (Required) \$30.00 (Optional) | | TILED 2016 WAR II PIZ | |

CR2E079 (2/14)