## M16 00000 3667

(F	Requestor's Name)					
(A	Address)					
(A	Address)					
(City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
	·					

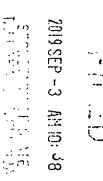
Office Use Only



500333640065

09/04/19--01884--819 \*\*25.88

RECENTED



∀ SULKER
 SEP 1 3 2019

## **COVER LETTER**

	gistration Section vision of Corporations						
יוכו	istori di Corporations						
SUBJECT	COMPRESSION SOLUTIONS	COMPRESSION SOLUTIONS, LLC					
	(Name of Limite	(Name of Limited Liability Company)					
The enclos	ed member, resignation or dissociat	ion and fee(s)	are submitted for filing.				
Please reti	rn all correspondence concerning th	is matter to:					
RON PO	WELL						
	(Contact Person)						
COMPRE	ESSION SOLUTIONS, LLC						
	(Firm/Company)		•				
817 E <b>4</b> T	H STREET						
	(Address)		•				
TULSA, (	OK 74120-3007						
	(City/State and Zip Code)		•				
For further	information concerning this matter	. please call:					
RON PO		918 at (	556-6909				
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)				
Enclosed I ■ \$25 Fili	lease find a check made payable to ng Fee		epartment of State for: Fee & Certified Copy				
Registratio	f Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327				
	utive Center Circle e, Florida 32301		Tallahassee, Florida 32314				

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)

	limited liability company as it MPRESSION SOLUTIONS,	• •	records of the F	lorida Departme	nt 
2. The Florida doc M1600000366	ument/registration number assi	gned to this lim		2019 8	· 1
3. The date this me	ember/manager withdrew/resign	ned or will with	ndraw/resign is:	02/1/2019	, av
4. I.	Y	, hereby with	hdraw/resign as	a a	1 · i
(Print N	ame of Person Resigning)	<i>.</i>	_		5 <sup>,</sup>
MANAGER				a A A	). ).
	(Print Title)			¥,,*	
resignation in wi	bility company and affirm the liting.  iting.  issociating Member or Resigning		•	ly is no los company.	
Filing Fee:	\$25.00 (Required)		2.7 " My	•	
Certified Copy:	\$30.00 (Optional)				