

116 000003667

(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:

Office Use Only



500333640065

03/04/19--01004--019 \*\*25.00

RECEIVED  
SEP 03 2019

FILED  
2019 SEP -3 AM 10:38  
FBI NEW YORK

Y SULKER

SEP 13 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COMPRESSION SOLUTIONS, LLC  
(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:

RON POWELL

(Contact Person)

COMPRESSION SOLUTIONS, LLC

(Firm/Company)

817 E 4TH STREET

(Address)

TULSA, OK 74120-3007

(City/State and Zip Code)

For further information concerning this matter, please call:

RON POWELL

(Name of Contact Person)

at ( 918 ) 556-6909

(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



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)

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

2. The Florida document/registration number assigned to this limited liability company is:  
M16000003667

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/1/2019

4. I, TODD HEALY, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER  
*(Print Title)*

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

by:   
Signature of Dissociating Member or Resigning Manager

*MR. Healy is no longer  
with the company.  
Signing by Joanne Lucas, CFO*

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