

# M17000007051

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

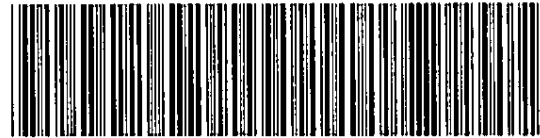
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 SEP 25 AM 7:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 26 2017

J SHIVERS



September 21, 2017

Florida Department of State  
Registration Section  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: AZT Technology, LLC – Resignation of Member**

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emeric A Robert  
AZT Technology, LLC  
10130 Market Street, Suite 7  
Naples, FL 34112  
[erobert@azimuthtec.com](mailto:erobert@azimuthtec.com)

For further information concerning this matter, please call:

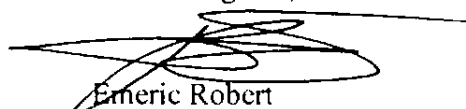
Emeric A. Robert  
239-352-0600

Enclosed is a check for the following amount:

\$25.00 Filing Fee

If you have any questions or require additional information, please do not hesitate to contact me.

Kindest regards,

  
Emeric Robert  
CFO/Sec./Treasurer

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AZT Technology, 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:

Emeric A. Robert  
\_\_\_\_\_  
(Contact Person)

AZT Technology, LLC  
\_\_\_\_\_  
(Firm/Company)

10130 Market Street  
\_\_\_\_\_  
(Address)

Naples, FL 34112  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Emeric Robert                      239              352-0600  
\_\_\_\_\_  
(Name of Contact Person)              at (              )              (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: AZT Technology, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
M17000007051

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/21/2014

4. I, Raymond J. Jeandron, III, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Vice President

(Print Title)

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

  
Signature of Dissociating Member or Resigning Manager

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED