## M18000000951

(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



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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUB	JECT: (Name of Limite	od Liabilini C	amagay)
	(Name of Limit	to Liability Co	unpany)
The c	nclosed member, resignation or dissociat	tion and fee	(s) are submitted for filing.
Pleas	e return all correspondence concerning th	nis matter to	:
Tom E	Bretz		
	(Contact Person)		<del></del>
	(Firm/Company)		<u> </u>
	(гин-Сопфану)		
5301	Dempster St.		
	(Address)		
Skoki	e IL, 60077		
	(City/State and Zip Code)		<del></del>
For f	urther information concerning this matte	r, please cal	1:
Patric	ia Kremser	224 at (	627-0007
	(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
	osed please find a check made payable to		•
<b>≅</b> 2:	25 Filing Fee	☐ 200 Fill	ing Fee & Certified Copy
	Mailing Address: Registration Section		Street Address: Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

A 1771 A	limited liability company a ated Florida Operations, LLC	s it appears on the records o	of the Florida Department	
of State is:			<del></del> ,	
2. The Florida doci	ument/registration number a	assigned to this limited liabil	lity company is:	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resi	gn is:	
. 1, Patricia Kremser (Print Name of Person Resigning)		, hereby withdraw/resign as a		
(Print N	ame of Person Resigning)	,,	.B.,	
VP				
	(Print Title)			
of this limited lia resignation in wr		he limited liability company	has been notified of my	
Planature of Di	MSSociating Member or Resig	uning Manager		
orginatare or is	osociating member of resig	sinng ividilager	2023	
Filing Fee:	\$25.00 (Required)		2	
	\$30.00 (Optional)		2023 JUL 17 PH 1	

CR2E079 (2/14)