## M19000003946

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## COVER LETTER

20 (CB 27 PM 1.50 Division of Corporations Full Metal Labs LLC SUBJECT: (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: Bryan Bergstein (Contact Person) Full Metal Labs LLC (Firm/Company) 10175 Stonehenge Circle, # 1406 (Address) Boynton Beach, FL 33437 (City/State and Zip Code) For further information concerning this matter, please call: Bryan Bergstein (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S25 Filmg Fee 🖺 \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** 

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section



## STATE POTABATAARIA ACIAOJA DIVISION OF CORPORATIONS

## 20 (1827 07) 150 DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	fimited liability company as it appears on the records of the Florida Department
of State is: Full:	Metal Labs LLC
2. The Florida doc M19000003946	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I. Bernard Bergste	in, hereby withdraw/resign as a same of Person Resigning)
MBR	
	(Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)