## 121487000000

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•	(Requestor's Name)			
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PICK-U	P WAIT MAIL			
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EXAMINER



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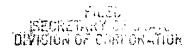
08 JUL -7 PH 4: 06

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Transaction Management Consultants, LLC (Name of Limited Liability Company)	<u> </u>
The enclosed member, managing member or manager resignation and fe filing.	e(s) are submitted for
Please return all correspondence concerning this matter to:	
Michelle D. Spalding	
Transaction Management Consultants, LLC (Firm/Company)	
P.O. Box 608606 (Address)	
Orlando, FL 32860	
(City/State and Zip Code)  For further information concerning this matter, please call:	
Michelle Spalding at ( 407 ) 622-486	32
(Name of Contact Person) (Area Code & Daytime To Enclosed please find a check made payable to the Florida Department of \$25 Filing Fee	f State for: e &
Registration SectionRegistrationDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 63	Corporations

CR2E079 (5/06)





03 JUL -7 PM 4: 06

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## • RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as ansaction Manageme	it appears on the records of the F nt Consultants, LLC	Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doct L05000078	_	this limited liability company is	:
4. I, Scott Spalding (Print Name of Person Resigning)		, hereby resign as a MGR	Print Title)
of this limited lia resignation in wr	bility company and affirm the	e limited liability company has b	•
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		