L00000090357

(Requestor's Name)		
(Address)		
(Address)		
•		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Entity Name)		
(D		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
·		

Office Use Only



100110791251

10/22/07--01050 -007 **\$5.00

2001 OCT 23 P 2:58

AL

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 20/20 ERP Consulting, LLC (Name of Limited Lial	
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	atter to:
Angela K. Washington, Esq.	
(Contact Person)	
The Washington Law Firm, PLLC	ZDD:
(Firm/Company)	1 00 CRE LAP
2400 Crestmoor Road	TARY
Nashville TN 37215 (City/State and Zip Code)	2001 OCT 23 P 2: 58 SECRETARY OF STATE ALLAHASSEE, FLORIDA
For further information concerning this matter, plea	se call:
Angela K. Washington, Esq. at 615 386-7077 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it ap		
of State is: 20/20 ERP Consulting, LLC		
This limited liability company was organized und Florida	**	
3. The Florida document/registration number of this L06000090357	limited liability company is:	
4. I, Angela K. Washington, Esq.	, hereby resign as a Member 17 Member 19 Membe	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.		
Signature of Resigning Member, Managing Memb	er or Manager	
Filing Fee: \$25.00 (Required)	·	

Certified Copy:

\$30.00 (Optional)