L07000082934

(Requestor's Name)				
(Address)				
7. II.				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Danumant Mumbar)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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FILED

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SECRETARY OF STATE
ORID

Office Use Only

J. BRYAN

DEC 2 0 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Motion4u, LLC (Name of Limited)	d Liability Company)		
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitte	d for	
Please return all correspondence concerning thi	is matter to:		
Dan Mapes			
(Contact Person)	I Pro	20	
Avataristics, LLC	LLAH	2011 DEC 19	-1
(Firm/Company)	AHASSE	75	
155 Springwood Trail	Y OF STATE SEE, FLORIDA) PM 3: 47	TILED
. (Address)	LOR LOR	<u>ဟု</u>	•
Altamonte Springs, FL 32714	IDA	1	
(City/State and Zip Code)			
For further information concerning this matter,	please call:		
Dan Mapes at	407 415 9045		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	-	
Enclosed please find a check made payable to the \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301			

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a tion4u, LLC	s it appears on the record	s of the Florida Department		
2. This limited liab	oility company was organize	d under the laws of:			
3. The Florida doc L07000082	ument/registration number of 2934	of this limited liability con	mpany is:		
_{4. I,} Dan Mapes		, hereby resign as a	, hereby resign as a Member		
(Print Name of Person Resigning)		-	(Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability compa	ny has been notified of my		
Vanie	M. Maper				
Signature of Resi	gning Member, Managing N	Member or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2011 DEC 19 SECRETARY TALLAHASSE		

CR2E079 (5/06)