L11000120743

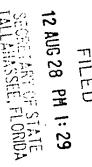
(R	equestor's Name) .				
(Address)					
(Address)					
(C	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

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C. LEWIS AUG 2 9 2012 EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ADVISORS NETWOR	K OF AMERICA L.L.C.
	(Name of Lim	nited Liability Company)
The e		r manager resignation and fee(s) are submitted for
Pleas	e return all correspondence concerning	this matter to:
STEF	AN MENENDEZ	
	(Contact Person)	
ADVIS	SORS NETWORK OF AMER	ICA
	(Firm/Company)	
8370	WEST FLAGLER ST. SUITE	248
	(Address)	
MIAM	II, FL 33144	
	(City/State and Zip Code)	
For fi	urther information concerning this matt	er, please call:
STEF	(Name of Contact Person)	at (305) 310-5777 (Area Code & Daytime Telephone Number)
Enclo	osed please find a check made payable	to the Florida Department of State for:
	\$25 Filing Fee	\$55 Filing Fee &
		Certified Copy
	EET/COURIER ADDRESS:	MAILING ADDRESS:
	stration Section	Registration Section
	ion of Corporations	Division of Corporations
	on Building	P.O. Box 6327
	Executive Center Circle hassee, Florida 32301	Tallahassee, Florida 32314
Lana	nassee, Fiuliua 32301	

CR2E079 (5/06)



FILED 12 AUG 28 PM 1: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 AD of State is:	limited liability company a VISORS NETWORK	s it appears on the records OF AMERICA L.L.	of the Florida Department C.
2. This limited liab	ility company was organize	ed under the laws of:	
3. The Florida doc L110001207	ument/registration number o	of this limited liability con	npany is:
4. I, RAFAEL F	RODRIGUEZ Jame of Person Resigning)	, hereby resign as a	MANAGER (Print Title)
of this limited lia resignation in wr	bility company and affirm thiting.	he limited liability compa	ny has been notified of my
Signature of Res	Igning Member, Managing	Member or Manager	8/24/2012
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		