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(Re	equestor's Name)	
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B. BOSTICK

MAR - 62014

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: LEAR CONSULTAI (Name of Limited L	
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	natter to:
MATTHEW B. MAHONEY	<u>, </u>
(contact relison)	
(Firm/Company)	
8/01 NW 71 AVE	
(A .I .I)	\sim \sim \sim
TAMARAC, FL. 33321 (City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
Marshew Mahowed at (Name of Contact Person)	954) 226-4475 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$\simeq\$\$ \$55 \text{ 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 OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company LEAR CONSULT		ords of the Florida	Departr	nent
	ument/registration number	of this limited liability of	company is:		
3. The date this me	ember withdrew or will wit	thdraw is: <u>MARC</u>	h 1, 201	4	
4. I. Marshe. (Print N	W.B. MAKONES Name of Person Resigning)	, hereby resign a	s a <u>MEMB</u> (Print T	ER Title)	marm
of this limited lia resignation in wi	bility company and affirm iting.	the limited liability com	npany has been no	otified of	my
Satt	tus Mahour	1_			
Signature of R	esigning of Dissociating	Janager, Member	***	1505 0119 0100 0101	c. · · · prema
Filing Fee:	\$25.00 (Required)		•••		, 4341 , 4564
Certified Copy:	\$30.00 (Optional)		ar i	(0)	