L07000019548

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

Office Use Only



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11 JUN 20 PH 2: 24
SECRETARY OF STATE

J. BRYAN

JUN 21 2011

EXAMINER

COVER LETTER

| Division of Corporations | |
|---|--|
| SUBJECT: Acosta's Enterprises, LLC (Name of Limited Liability Con | mpany) |
| The enclosed member, managing member or manager resigning. | |
| Please return all correspondence concerning this matter to: | |
| Aixa D. Aviles | |
| (Contact Person) | - |
| EQUINOX SOLUTIONS LLC | |
| (Firm/Company) | TARE LE TI |
| 2800 S ORANGE BLOSSOM TRAIL | JUN 20 PH 2: 24 LANASSEE, FLORID |
| (Address) | The R |
| ORLANDO, FL 32805 | I STATE OF THE PERSON OF THE P |
| (City/State and Zip Code) | The second state of the second |
| For further information concerning this matter, please call: | |
| Aixa D. Aviles at (407 | 850-7280 |
| (Name of Contact Person) (Area Code | & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida I \$25 Filing Fee | Department of State for: \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle | 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

| 1. The name of the of State is: FLO | limited liability company as it ap | opears on the records | s of the Florida De | partn | nent |
|--|--|-----------------------|--------------------------------------|--------------------|----------|
| 2. This limited liab | oility company was organized und | ler the laws of: | | | |
| 3. The Florida doc L0700001 | ument/registration number of this | limited liability cor | mpany is: | | |
| 4. I, Alexander | Acosta | , hereby resign as a | MGR | | |
| - | lame of Person Resigning) | _, nerecy resign us u | (Print Title) | | _ |
| of this limited lia resignation in wr | bility company and affirm the limiting. | nited liability compa | ny has been notifi | ed of | my |
| Signature of Res Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | per or Manager | SECRETARY OF STATE TALLAHASSEE, FLOR | 11 JUN 20 PM 2: 21 | |