

L13000063287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

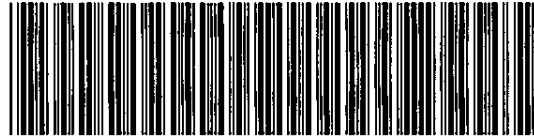
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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100255279291

01/13/14--01027--006 \*\*55.00

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2014 JAN 13 PM 3:16  
CLERK OF DISTRICT COURT  
JANUARY 13, 2014  
CLERK OF DISTRICT COURT  
JANUARY 13, 2014

JAN 15 2014

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2100 Consultants LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Irena E. Sas

(Contact Person)

2100 Consultants LLC

(Firm/Company)

20265 Boca West Drive Apt 2401

(Address)

Boca Raton, FL 33434

(City/State and Zip Code)

For further information concerning this matter, please call:

Irena E. Sas

(Name of Contact Person)

at ( 561 ) 477-8784

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 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

FILED  
2014 JAN 13 PM 3:16  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

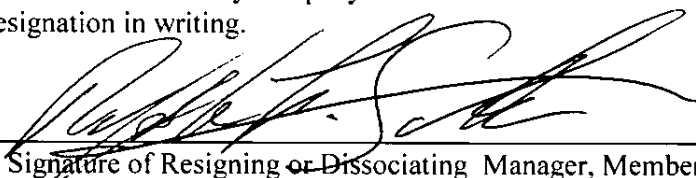
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 2100 Consultants LLC

2. The Florida document/registration number of this limited liability company is:  
L 13000063287

3. The date this member withdrew or will withdraw is: January 9th, 2014

4. I, RALPH F. SCHENCK, hereby resign as a MANAGER  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)