## 2010000006796

| (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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2011 APR -1 PM 4: 06
SEURETARY OF STATE
JALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

APR 4 2011

## **COVER LETTER**

| TO: Registration Section Division of Corporations                  |  |                     |  |
|--|--|---------------------|--|
| SUBJECT: PT Con SUI (Name of Limited Lie                           | HNG GRUIP, CL<br>ability Company)                | <u>.C.</u>          |  |
| The enclosed member, managing member or mana filing.               | ger resignation and fee(s) are                   | submitted for       |  |
| Please return all correspondence concerning this m                 | natter to:                                       |                     |  |
| Michelle Teerlink  |  |                     |  |
| (Contact Person)   | <del> </del>                                     |                     |  |
| Det 5 Holdings LLC   |  | 2011<br>TAL         |  |
| (Firm/Company)   |  | AP T                |  |
| 4540 Southside Bluc  | 1-Suite603                                       | R-I<br>TERY<br>ASSE |  |
| (Address)  |  |                     |  |
|  |  | APR -1 PM 4: 06     |  |
| • •  |  |                     |  |
| For further information concerning this matter, ple                | ase call:  |                     |  |
| Michelle Teerlink and  | JUL 124.9860                                     | P                   |  |
| (Name of Contact Person) (A  | rea Code & Daytime Telephone                     | Number)             |  |
| Enclosed please find a check made payable to the I \$25 Filing Fee | Florida Department of State fo \$55 Filing Fee & | r:                  |  |
|  | Certified Copy                                   |                     |  |
| STREET/COURIER ADDRESS:  | MAILING ADDRE                                    | SS:                 |  |
| Registration Section   | Registration Section                             |                     |  |
| Division of Corporations   | Division of Corporations                         |                     |  |
| Clifton Building   | P.O. Box 6327                                    |                     |  |
| 2661 Executive Center Circle                                       | Tallahassee, Florida 32314                       |                     |  |

CR2E079 (5/06)

Tallahassee, Florida 32301



## 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                        |                                  | it appears on the records of    |                                       |
|---|----------------------------------|---------------------------------|---------------------------------------|
| of State is:                              | PST Cons                         | sulting GROUP,                  | <u> </u>                              |
| 2. This limited liab                      | ility company was organized      | d under the laws of:            |                                       |
| _FIOCIDE                                  | 9                                |                                 |                                       |
|   | ument/registration number o      | f this limited liability compar | ny is:                                |
| 4. I, Paul (Print N                       | RONAN  Jame of Person Resigning) | , hereby resign as a M          | 1900ger / Member<br>(Print Title)     |
| of this limited lial<br>resignation in wr | bility company and affirm th     | e limited liability company h   | nas been notified of my               |
| de  |                                  |                                 | 2011<br>SEC<br>TALL                   |
| Signature of Resi                         | gning Member, Managing M         | 1ember or Manager               | 2011 APR -1<br>SECRETARY<br>ALLAHASSE |
| ·   | \$25.00 (Required)               |                                 | PH CEFEC                              |
| Certified Copy:                           | \$30.00 (Optional)               |                                 | REAL COLUMN                           |