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(Re	questor's Name)	——————————————————————————————————————		
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(Cit	y/State/Zip/Phone	e #)		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HALODY CONSULTING LLC (Name of Lim	nited Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Kenneth Kirschner	AC B
(Name of Person)	CRE J.
HALODY CONSULTING LLC	ASS:
(Firm/Company)	EO P
6576 Villa Sonrisa Drive Apt 1215	2006 JUL 21 PH 12: 35 SECRETARY OF STATE TALLAHASSEE.FLORID
(Address)	ジ
Boca Raton, FL 33433-4051	
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, p	please call:
Kenneth Kirschner	at (561) 573-0432
(Name of Person)	(Area Code & Daytime Telephone Number)
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
Enclosed is a check for the following amount:	
\$25 Filing Fee CR2E079 (8/05)	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Kenneth Kirschner	, hereby resign as Member/Ma	anager	200	
	(Tit			
of HALODY CONSULTING LLC		(n) A	<u>~</u> ,	, ∐
(Limited Liabili	ty Company)	SEE.	-0	
a limited liability company organized under the lav	vs of the State of Florida	F _S	<u></u>	, January
and affirm that the limited liability company has be	een notified in writing of the res	ignation.	35	

(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314