12030000003789

(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: A. LUNT				
SEP - 7 2010				
EXAMINER				

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09/03/10--01017--005 **25.00

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: All Promotional Solutions	s, LLC
	d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	is matter to:
Melinda Wolfe	
(Contact Person)	
Kovack Securities	
(Firm/Company)	
6451 North Federal Highway, Suite	e 1201
(Address)	TO THE
Ft. Lauderdale, FL 33308	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Harvey Wolfe	ot (954) 608-2771
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$\sum_{\subset}\$\$ \$\sum_{\sum_{\subset}}\$\$ \$\sum_{\subset}\$\$ \$\sum_{\sum_{\subset}}\$\$ \$\su	the Florida Department of State for: \$55 Filing Fee &
▼ \$25 Fining Fee	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	i ananassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as i Promotional Solutions		of the Flo	orida De	partm	ent _·
2. This limited liab	pility company was organized	under the laws of:			2 318 SEP	
3. The Florida doc L0300002	ument/registration number of 3789	this limited liability com	pany is:	HESSEE TO	ΈP -3 PM 4:	an market
4. I, Melinda W	Volfe Name of Person Resigning)	, hereby resign as a	MGRM	int Title)	.	أوريون
·	bility company and affirm the	e limited liability compar	y has bee	n notifi	ed of 1	my
Melus	July					
Signature of Res	igning Member, Managing M	lember or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					
Ceruneu Copy.	φου.νν (Opuvia)					