L63000031635

(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



800237662338

07/20/12--01025--003 **245.00

12 AUG -7 AH 8: 45

SECREJARY OF STATE

AUG 8 2012 THAMPTON

COVER LETTER

Division of Corporations	
SUBJECT: PEO Access, LLC	
(Name of Limited	d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
William J. Mullis	
(Contact Person)	
PEO Access, LLC	
(Firm/Company)	
P.O. Box 14850	
(Address)	
Bradenton, FL 34280	
(City/State and Zip Code)	
For further information concerning this matter,	, please call:
Jessica L. Sons	941) 757-1345
(Name of Contact Person)	(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:	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)



RECEIVED

12 AUG -7 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 23, 2012

WILLIAM J MULLIS ELS INC P O BOX 14850 BRADENTON, FL 34280

SUBJECT: PEO ACCESS, LLC Ref. Number: L03000031635

We have received your document for PEO ACCESS, LLC and your check(s) totaling \$245.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 112A00019365



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 D Access, LLC	it appears on the records	s of the Florida Department
2. This limited liab	lity company was organized	l under the laws of:	
3. The Florida docu L03000031	ment/registration number o	f this limited liability con	mpany is:
_{4. I.} David A. V	arnadore ame of Person Resigning)	, hereby resign as a	Manager Member
(Print N	ame of Person Resigning)		(Print Title)
of this limited lial resignation in wr	pility company and affirm the	e limited liability compa	ny has been notified of my
\mathcal{C}) N		
Signature of Resi	gning Member, Managing N	Member or Manager	
	\$25.00 (Required) \$30.00 (Optional)		12 AUG -7 AM 8:
			8: 1