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T. CLINE

JUN - 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CMS Holdings, LLC	
(Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Scott Tyler	
(Contact Person)	
CMS Holdings, LLC	2009 SEC TALL
(Firm/Company)	MAY
4625 East Bay Drive, Ste. 201	29 ASSE
(Address)	E.F.
Clearwater, Florida 33764	2009 MAY 29 AM 10: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA
(City/State and Zip Code)	₽
For further information concerning this matter, p	please call:
Scott Tylerat	(
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$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

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 lim of State is: CMS	nited liability company as it a	appears on the records	of the Flo	rida De _l	\sim	nt -·
2. This limited liability Florida	y company was organized ur	nder the laws of:		ECRETARY OF LLAHASSEE	009 MAY 29 AN	
3. The Florida docume	ent/registration number of th	is limited liability con	npany is:	STATE	AM 10: 36	•
_{4. I,} Andrea C. T		, hereby resign as a	Manag	er		_
,	e of Person Resigning) ty company and affirm the l g.		(Pri	int Title)	ed of m	ıy
aut	(A					
Signature of Resign	ing Member, Managing Mer	nber or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					