## 104000086179

(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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## **COVER LETTER**

-	ration Section on of Corporations					
SUBJECT:	Brio Consulting Partners, LLC					
_	(Name of Limited Liability Company)					
The enclosed r	member, resignation or dissociat	tion and fee(s	) are submitted for filing.			
Please return a	all correspondence concerning th	is matter to:				
Charles L. S	tewart		_			
	(Contact Person)					
Brio Consulti	ing Partners, LLC					
	(Firm/Company)		-			
145 Banner	Hill Drive		_			
	(Address)					
Thomasville,	Georgia					
	(City/State and Zip Code)		-			
For further information concerning this matter, please call:						
Charles L. S		954 at (	232-8101			
(Nat	me of Contact Person)	(Area Code	& Daytime Telephone Number)			
Enclosed pleas  □ \$25 Filing I	se find a check made payable to Fee		epartment of State for: Fee & Certified Copy			
	URIER ADDRESS:		MAILING ADDRESS:			
Registration S Division of Co			Registration Section Division of Corporations			
Clifton Buildin	ng		P.O. Box 6327			
2661 Executiv	ve Center Circle		Tallahassee, Florida 32314			

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	imited liability company as Consulting Partners, LLC	s it appears on the records of the Fl	orida Department
2. The Florida docum L04000086179	C	assigned to this limited liability con	npany is:
3. The date this mem	wart	signed or will withdraw/resign is:, hereby withdraw/resign as a	12/31/15
(Print Nar Managing Part	me of Person Resigning)	, nereby withdraw/resign as a	PM 1:2
resignation in writi	• • •	he limited liability company has be	en notified of my
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)