L05000000667/

(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 OCT - 8 2008 EXAMINER					

Office Use Only

200136460372

10/06/08--01037--004 **55.00

2008 OCT -6 PM 12: 34
SECRETARY OF STATE
ALL AMASSEF FLORIDA

第807-6 PMで:

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: MAT CONSULTING GROUP, LLC	
(Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	3 .
JEFFREY SCHNEIDER, EA, CDFA	manet -6 PHIZ: 34
(Contact Person)	4
SFS TAX AND ACCOUNTING SERVICES	- 골
(Firm/Company)	7 .3
10570 S. FEDERAL HIGHWAY, SUITE 203 (Address)	£
(Addiess)	
PORT ST. LUCIE, FL 34953	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
JEFFREY SCHNEIDER, EA, CDFA _{at} 772 337-1040	
(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 \$\sqrt{\$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)



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	limited liability company as	it appears on the records	of the Florida Department
	ility company was organized		PHIZ: 34 OF STATE EFLORIDA
3. The Florida doc L05000026	ument/registration number of 3671	this limited liability con	npany is:
4 I CHARLEN	IE MATTHEWS	herehy resign as a	MANAGING MEMBER
	ame of Person Resigning)		(Print Title)
resignation in wr	bility company and affirm the iting. Serve Wallette igning Member, Managing M	au.	ny has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	•	