L050000042039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
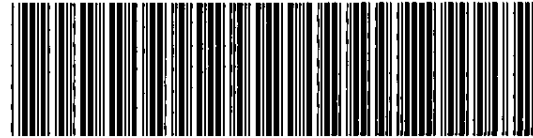
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

J. SAULSBERRY
EXAMINER
NOV 1 5 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: __Dade Technology Solutions 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:

__Sandra Bohorquez__
(Contact Person)

__Dade Technology Solutions LLC__
(Firm/Company)

__4805 NW 79th Ave # 10__
(Address)

__Miami, Florida   33166__
(City/State and Zip Code)

For further information concerning this matter, please call:

__Sandra Bohorquez__ at (__954__) __288-8897__
(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:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, 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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ___Dade Technology Solutions___

2. This limited liability company was organized under the laws of:
   ___Florida___

3. The Florida document/registration number of this limited liability company is:
   ___L 05000042039___

4. I, ___Tom Wilfong___ , hereby resign as a ___MGRM___
   (Print Name of Person Resigning)   *(Print Title)*

   of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

   _____
   Signature of Resigning Member, Managing Member or Manager

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)

2011 NOV 10 AM 9:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA FILED

CR2E079 (5/06)