

L05000050378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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(Business Entity Name)

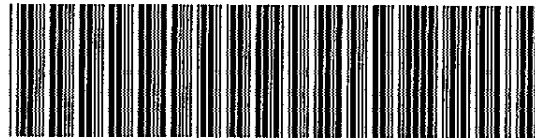
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAR 17 PM 1:17

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tops Solutions LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eduardo Alvarez  
(Name of Person)

Tops Solutions  
(Firm/Company)

1986 NW 82 Ave  
(Address)

Miami FL 33178  
(City/State and Zip Code)

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SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Eduardo Alvarez at (954) 993 9528  
(Name of Person) (Area Code & Daytime Telephone Number)

### 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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Daniel Scotti, hereby resign as MGRM  
(Title)  
of Tops Solutions, LLC,  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,

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

Daniel Scotti

(Signature of resigning manager, managing member or member)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$25.00**

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314