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COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: GOVERNMENT SERVICES & MANAGEMENT ASSOCIATES, 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: MICHELE G. MURPHY (Contact Person) **GOVERNMENT SERVICES & MANAGEMENT ASSOCIATES, LLC** (Firm/Company) PO BOX 691027 (Address) VERO BEACH, FL 32969 (City/State and Zip Code) For further information concerning this matter, please call: at (772) 453-9489 (Area Code & Daytime Telephone Number) MICHELE G. MURPHY (Name of Contact Person) 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: **MAILING ADDRESS:** Registration Section **Registration Section Division of Corporations**

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it ap VERNMENT SERVICES			
2. This limited liab FLORIDA	ility company was organized und	er the laws of:		
3. The Florida docu 	ment/registration number of this 53665	limited liability con	npany is:	
(Print N	DPHER W. MURPHY ame of Person Resigning) pility company and affirm the limiting.		(Print Title)	
Signature of Resi	gning Member, Managing Memb	er or Manager	SECRETAI TALLAHAS	F1L 06 DEC 29
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		Y OF STATE SEE, FLORID	LED AMIO: 03