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(Requestor's Name)				
(Address)				
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(Ci	ty/State/Zip/Phone i	(f)		
PICK-UP	☐ WAIT	MAIL		
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SECRE LAKT CORPORATION
DIVISION OF CORPORATION
OF OEC 11 PM 4: 57

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Insight Marketing, Li (Name of Limited Liabil		
The enclosed member, managing member or manage filing.	r resignation and fee(s) are submitted for	
Please return all correspondence concerning this matter	ter to:	
Jeffrey N. Feil (Contact Person)		
Insight Marketing, LLC (Firm/Company)	06 DE	
19906 Longleaf Drive (Address)	06 DEC 11 PM 4: 57	SIVISION OF CORPORATIONS
Lutz, FL 33548	1 4: 57	DITA AND
(City/State and Zip Code) For further information concerning this matter, please		こん
	3) 760-3560 a Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Flo	orida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



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 li	mited liability company as it	appears on the records of the Flor	rida Department
of State is:IN	SIGHT MARKETING, L	LC	::b
2. This limited liabil	ity company was organized u orida		SECRETARY NVISIONADEAC 06 DEC 11
3. The Florida docum	•	his limited liability company is:	OF STATE ORPORATIONS PM 4:57
	me of Person Resigning)	,	int Title)
of this limited liab resignation in writ		limited liability company has been	n notified of my
Signature of Resig	ning Member, Managing Me	mber or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		