

LO5000110453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

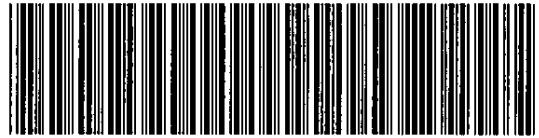
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

SEP 01 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2009

SALVATORE COLOMBO  
9280 BAY HARBOR TERRACE APT 28  
BAY HARBOR ISLAND, FL 33154

SUBJECT: THE RELATIONSHIP ORGANIZATION, LLC  
Ref. Number: L05000110453

We have received your document for THE RELATIONSHIP ORGANIZATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 509A00028490

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Relationship Organization, 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:

Salvatore Colombo  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

9280 Bay Harbor Terrace Apt 28  
(Address)

Bay Harbor Is. 33154  
(City/State and Zip Code)

For further information concerning this matter, please call:

Salvatore Colombo at (561) 602-5666  
(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



09 SEP -1 PM 12:22  
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TALLAHASSEE, FLORIDA

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: The Relationship Organization, LLC

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

3. The Florida document/registration number of this limited liability company is:  
LO5000110453

4. I, Salvatore Colombo, hereby resign as a Managing Member  
(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]  
Signature of Resigning Member, Managing Member or Manager

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