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(Ke	equestor's Name)	1
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
· (Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: C-Suite Solutions LL (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) filing.	are submitted for
Please return all correspondence concerning this matter to:	
Sean W. Davis (Contact Person)	
Time sovers Accounting + Income Tax Se	O7 SE
9591 Corona St (Address)	AH) AH)
Miamar FL 33025 (Chy/State and Zip Code)	23 PM 12: 34, ANY OF STATE ASSEE FLORIDA
For further information concerning this matter, please call:	
Seam W. Davis at (305) 962 Z & (Name of Contact Person) (Area Code & Daytime Teleph	one Number)
Enclosed please find a check made payable to the Florida Department of State \$\sqrt{25}\$ Filing Fee \$\sqrt{25}\$ Certified Copy	
STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301	tion orations



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		1			
1. The name of the	limited liability company	y as it appears on the	records of the F	lorida Dep	artment
of State is:	c-suite	So lustion	ns, LLC		···
2. This limited liabi	ility company was organ	ĺ	,	m _S	7 OCT 23 PM
	iment/registration numbe		ility company is:	STATE FLORIDA	PM D
4. I, (Print No.	me of Person Resigning)	, hereby res	ign as a	nager	
of this limited liab resignation in wri	oility company and affirm ting.	n the limited liability	company has be	en notified	i of my
Signature of Resignature	gning Member, Managin	ng Member or Manaş	ger		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				