

LOG000022345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

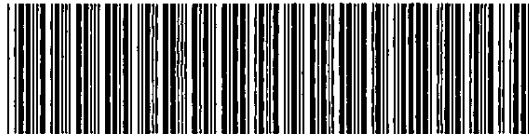
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

789 623 671

Office Use Only

LOG-22345



900104482409

06/19/07--01031--002 **25.00

07 JUN 27 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NuWork Solutions 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:

Michael Flynn

(Contact Person)

NuWork Solutions LLC

(Firm/Company)

5115 Hartwell Loop

(Address)

Land O Lakes FL 34638

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Flynn

(Name of Contact Person)

at (813) 838-2444

(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

FILED
07 JUN 27 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2007

MICHAEL FLYNN
NUWORK SOLUTIONS LLC
5115 HARTWELL LOOP
LAND O LAKES, FL 34638

SUBJECT: NUWORK SOLUTIONS LLC
Ref. Number: L06000022345

We have received your document for NUWORK SOLUTIONS 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 307A00040629

FILED
07 JUN 27 AM 9:19
SECRETARY OF STATE
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: NuWork Solutions LLC

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

3. The Florida document/registration number of this limited liability company is:
L06000022345

4. I, Michael R Flynn, 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 of Resigning Member, Managing Member or Manager

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

FILED
07 JUN 27 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA