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Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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Office Use Only



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OR MAR 24 PM 4: 06

J. BRYAN

MAR 2 5 2008

EXAMINER

COVER LETTER

for

TO: Registration Section

Tallahassee, Florida 32301

CR2E079 (5/06)

Division of Corporations
SUBJECT: DISCRETE Solutions, 120 (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.
Please return all correspondence concerning this matter to:
LUKE Allexor (Contact Person)
Discrete Solutions, LLC (Firm/Company)
94/60 FOWLER AVE (Address)
ThougtoSASSA, FZ 33592 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (\$13) 985-1148 × 106 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314
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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 appears on the records of the Florida De	partment
	ility company was organized under the laws of:	08 MAR 24 PH 4: 06
3. The Florida docu	ument/registration number of this limited liability company is:	4 4: 86
	Tillow, hereby resign as a MANAGER (Print Title)	
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified iting.	ed of my
Signature of Resi	gning Member, Managing Member or Manager	
•	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	