2060000047048

	(Requestor's Name)	
	(Address)	
·	(Address)	
· <u>·</u> ··································	(City/State/Zip/Phon	e #)
PICK-U	P WAIT	MAIL
	(Business Entity Na	me)
	(Document Number)
Certified Copies	Certificate	s of Status
Special Instruction	s to Filing Officer:	VT
·	OCT 1 4 20	08

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EXAMINER



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2008 OCT 13 PM 1: 42
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

TIMO

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: InvaQuest LLC (Name of Limited)	Liability Company)
The enclosed member, managing member or ma filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Dominique Northecide	
(Contact Person)	TAL SE
InvaQuest LLC	SECRETARY OF STATE ALLAHASSEE, FLORID
(Firm/Company)	ARYY SSEY
4733 NW 96th Drive	OF S
(Address)	ORII •
Coral Springs, FL 33076	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
	954 410-8424
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
· I alianassee, Fiuliua 3230 I	

CR2E079 (5/06)



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 of State is: Inva	mited liability company as it ap Quest LLC	opears on the records of the Flo	orida De	partmer	ıt
2. This limited liabil Florida	ty company was organized und	ler the laws of:	SECRE TARY	2009 OCT 13	
3. The Florida docur L060000470	nent/registration number of this 048	limited liability company is:	OF STATE E. FLORIDA	PH 1: 42	
4. I, Yosef Habte	ene of Person Resigning)	, hereby resign as a MGR	int Title)		
•	lity company and affirm the lin	•	•	ed of my	У
Hosef		· 			
Signature of Resig	ning Member, Managing Mem	ber or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	•			