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SECRETARY OF STATE DIVISION OF CORPORATIONS

E DEC 22 PM 1: 15

## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: Concerto Solutio	
(Nar	me of Limited Liability Company)
The enclosed member, managing me filing.	ember or manager resignation and fee(s) are submitted for
Please return all correspondence cor	
David Johnson	061
(Contact Person)	06 DEC 22
Concerto Solutions LLC	<del>-</del> -2
(Firm/Company)	
208 Jefferson Avenue #11	4 5
(Address)	
Miami Beach, FL 33139	
(City/State and Zip Co	ode)
For further information concerning t	this matter, please call:
David Johnson	at ( 305 ) 695-2695
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made p  \$25 Filing Fee	payable to the Florida Department of State for:  \$55 Filing Fee & Certified Copy
CTDEET/CAIDIED ANDECC.	MAILING ADDRESS:
STREET/COURIER ADDRESS: Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	,

CR2E079 (5/06)



## 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 ncerto Solutions LLC	it appears on the records	
	ility company was organized	under the laws of:	06 DEC 22 PM 1:15
3. The Florida docu 	ment/registration number of	this limited liability con	npany is:
4. I, Gerard Gr	iffith ame of Person Resigning)	, hereby resign as a	Managing Member
of this limited lial resignation in wr	pility company and affirm the iting.	e limited liability compa	ny has been notified of my
Signature of Resi	gnin <del>g Member,</del> Managing M	lember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		