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## **COVER LETTER**

TO: Registration Section **Division of Corporations** VT SOLUTIONS LIMITED COMPANY

(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: JACADISH VENUCUNTA
(Contact Person) (Firm/Company) 9773 REFOY BRANCH DRIVE (Address) JACKSONVILLE, FL-322C6
(City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) at (904) 514 526 4 (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & \$25 Filing Fee Certified Copy **MAILING ADDRESS:** STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FILED 07 JUL 11 AM11: 17 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

	limited liability company as it appears on the records of the Florida Department NT SOLUTIONS LIMITED COMPANY
2. This limited liab	ility company was organized under the laws of:
	ment/registration number of this limited liability company is:
(Print N	will a company and affirm the limited liability company has been notified of my ting.
Signature of Resi	gning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)