Division of Corporations Public Access System

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Account Number : 120030000003 Phone : (954)351-7474

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MOMENTA GROUP, LLC

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Tallahassee, Florida 32314

## **COVER LETTER**

TC	Registration Section Division of Corporations				
SU	SUBJECT: MOMENTA GROUP, LLC (Name of Limited Liability Company)				
	e enclosed member, managing member or ang.	manager resignation and fee(s) are submitt	ed for		
Ple	ase return all correspondence concerning t	his matter to:	•		
<u> </u>	oseph V. Priore, Esq.		or was spike		
•	(Contact Person)	The state of the s			
<u>s</u>	LVERMAN SANTUCCI, LL	<b>P</b> . 12 (1)	16		
<u>5</u> (	OO West Cypress Creek Ro	ad, Suite 500	7 HAY:31		
F	ort Lauderdale, FL 33309		CORPORATIONS		
<u>-</u>	(City/State and Zip Code)		e a s		
Fo	r further information concerning this matte	r, please call:	- )NS		
<u>J</u>	Oseph V. Priore, Esq. (Name of Contact Person)	at (954 ) 351-7474 (Area Code & Daytime Telephone Number	<del>.</del>		
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	vision of Corporations fron Building	Division of Corporations P.O. Box 6327			

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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 ap of State is: MOMENTA GROUP, LL	pears on the records of the Florida Depar_C	tment 
•	C .	
2. This limited liability company was organized und Florida	er the laws of:	
3. The Florida document/registration number of this L06000117886	-	07 HAY
(Print Name of Person Resigning)	, hereby resign as a MGRM (Print Title)	 ພ
of this limited liability company and affirm the lim resignation in writing.  Signature of Resigning Member, Managing Member		of my

CR2E079 (5/06)

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