

Jan 21, 2010 2:02PM  
Division of Corporations

LAW OFFICE

Page 1 of 1

**L06000117886**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H10000014240 3)))



H100000142403ABCM

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SANTUCCI, PRIORE & LONG, P.L.  
Account Number : I20090000107  
Phone : (954) 351-7474  
Fax Number : (954) 351-7475

**FILED**  
10 JAN 21 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MOMENTA GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

**RECEIVED**

10 JAN 21 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**J. BRYAN**

JAN 22 2009

**EXAMINER**

Electronic Filing Menu

Corporate Filing Menu

Help



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

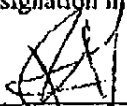
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MOMENTA GROUP, LLC

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L06000117886

4. I, Raul Vicente, hereby resign as a MGRM  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

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

**FILED**  
10 JAN 21 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA