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D. BRUCE

NOV 3 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section			
Division of Corporations			
SUBJECT: Tech Management S			
(Name o	of Limited Liability Company)		
The enclosed member, managing member filing.	per or manager resignation and fee(s) are submitted for		
Please return all correspondence concer	ning this matter to:		
Juan C Martinez			
(Contact Person)			
Tech Management Solutions	09 NOV -2 PH 3: 00 SECRETARY OF STATE ALLAHASSEE, FLORID,		
(Firm/Company)	1-2 ASSE		
PO Box 9721	P. C. P. C.		
(Address)			
Daytona Beach, Fl 32120	<b>5</b> <sup>™</sup> <b>6</b>		
(City/State and Zip Code)			
For further information concerning this	matter, please call:		
Juan Martinez	<sub>at (</sub> 386 <sub>)</sub> 214-7393		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made paya \$25 Filing Fee	sble to the Florida Department of State for: \$55 Filing Fee &		
<u> </u>	Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
ZUUT EXCLUTIVE CEITEI CITCIE	i ananassee, fiorida 32314		

CR2E079 (5/06)

Tallahassee, Florida 32301



## 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 ch Management Soluti		f the Florida Department
2. This limited liab	ility company was organized	l under the laws of:	
3. The Florida doc L07000026	ument/registration number of	fthis limited liability compa	any is:
4. I, Maria A Ma	artinez  Jame of Person Resigning)	, hereby resign as a	MGRM (Print Title)
of this limited lia resignation in wr	bility company and affirm the	e limited liability company	
_	\$25.00 (Required) \$30.00 (Optional)		O9 NOV SECRETA