

607000096013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

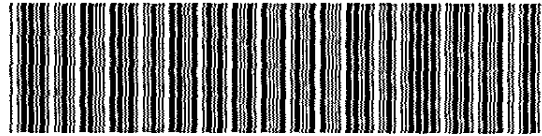
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

789 707 671

Office Use Only



100109559601

10/05/07--01009--004 **25.00

07 OCT 16 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CERTIFIED SALES PROFESSIONALS, LLC
(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:

CINDIE SHUMAKER
(Contact Person)

CERTIFIED SALES PROFESSIONALS, LLC
(Firm/Company)

100 RIDGECREST DR
(Address)

CAULIS, FL 32726
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 OCT 16 AM 10:40

FILED

For further information concerning this matter, please call:

CINDIE SHUMAKER at (352) 223-9508
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

PAID

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations ..

October 8, 2007

JACK K SHUMAKER
100 RIDGECREST DRIVE
EUSTIS, FL 32726

SUBJECT: CERTIFIED SALES PROFESSIONALS, LLC
Ref. Number: L07000096013

We have received your document for CERTIFIED SALES PROFESSIONALS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 307A00058798

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 OCT 16 AM 10:40

FILED



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: CERTIFIED SALES PROFESSIONALS, 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:

L07000096013

4. I, Jack K. Shumaker, hereby resign as a MEMBER
(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.

Jack K. Shumaker
Signature of Resigning Member, Managing Member or Manager

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 OCT 16 AM 10:40

FILED