## L07000097097

Office Use Only



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08 OCT -8 AM IO: 27
SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: CAPPLER CONSULTANT (Name of Limited Liability Co	SERVICES, LLC		
The enclosed member, managing member or manager restilling.	ignation and fee(s) are submitted for		
Please return all correspondence concerning this matter to	×		
SHERRY PEREZ (Contact Person)	<del></del>		
CARRIER CONSULTANT SERVI	<u>c</u> es, llc		
622 STIUVIEW CIRCLE (Address)	_		
BRANDON, FL 33510 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
SHERRY PEREZ at (813 (Area Coo	532-2012		
(Name of Contact Person) (Area Coo	de & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida \$25 Filing Fee	\$55 Filing Fee &		
	Certified Copy		
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		

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it ap	opears on the records of the Flor	ida Departme	nt
2. This limited liabilit FLORIDA	y company was organized und	ler the laws of: -	08 OCT -8 SECRETARY TALLAHASSE	
3. The Florida docum	ent/registration number of this \$\$\phi 97 \psi 97	s limited liability company is:	AM 10: 27 OF STATE EFLORIDA	J
4. I, SANDRA (Print Nam	CANNINGTON e of Person Resigning)	, hereby resign as a MANAGI (Prin	NG MEN nt Title)	1BER
resignation in writin	* *	nited liability company has been ber or Manager	notified of m	ıy
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			