L0700098986

(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:

A. LUNT

MAY 2 6 2010

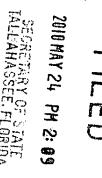
EXAMINER

Office Use Only



300181177363

05/24/10--01031--008 **25.00



COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: ON TIME AS YOU NEED	IT LLC
(Name of Limited L	iability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this i	matter to:
DEREK MOLLIEX	
(Contact Person)	· · · · · · · · · · · · · · · · · · ·
	701 745
(Firm/Company)	2010 HAY 24 SECRETARY I
11551 NW 50 Terrace	ARY CSSEE
(Address)	PH PH
DORAL, FLORIDA 33178	PM 2: 0
(City/State and Zip Code)	9)
For further information concerning this matter, ple	ease call:
DEREK MOLLIEX at (786 , 285-2424
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	i ananassee, i fortaa 525 i T



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 of State is: ON TIME			s of the Flori	ida Depa	rtment	
2. This limited liability com	pany was organized und	ler the laws of:		REMARY OF S	2010 HAY 24 PM 2:	
3. The Florida document/republic L07000098986	gistration number of this	limited liability cor	npany is:	TATE DRIDA	2: @9	*
4. I, DEREK MOLLIE	X rson Resigning)	, hereby resign as a	MANAG (Prin	ER MI	EMBE	ΞR
of this limited liability corresignation in writing.		nited liability compa	ny has been	notified	of my	
Signature of Resigning M	ember, Managing Memb	per or Manager				
	00 (Required) 00 (Optional)					

CR2E079 (5/06)