

LD7000112111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

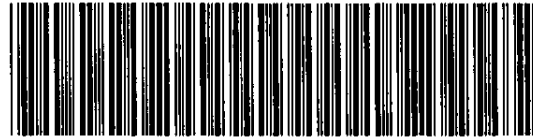
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRAIN STORM SOLUTIONS LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANNE M. MILLER
Name of Person

BRAIN STORM SOLUTIONS LLC
Firm/Company

2717 SILVER KING WAY
Address

SANASOTA, FLA. 34231
City/State and Zip Code

BRAIN STORM SOLUTIONS 7 @ GMAIL . COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANNE M. MILLER at (941) 225-1088
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



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: BRAIN STORM SOLUTIONS LLC

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

STATE OF FLORIDA

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

L07000112111

4. I, CLAUDIA L. STORMS, 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.

Claudia L. Storms

Signature of Resigning Member, Managing Member or Manager

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA