

LO8 000016488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

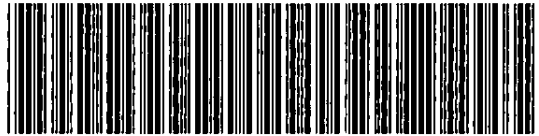
(Business Entity Name)

(Document Number)

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T. CLINE

MAY 11 2010

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAY 10 PM 12:34

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Collabria 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:

Marc Moore

(Contact Person)

Collabria LLC

(Firm/Company)

5215 West Laurel Street, suite 101

(Address)

Tampa FL 33607

(City/State and Zip Code)

For further information concerning this matter, please call:

Phillip DuMas

(Name of Contact Person)

at (321) 231-1482

(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

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

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2010 MAY 10 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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: Collabria, 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:
L08000016488

4. I, Phillip DuMas, hereby resign as a MGR
(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.

[Signature]
Signature of Resigning Member, Managing Member or Manager

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

FILED
2010 MAY 10 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA