L08000019840

•	
	(Requestor's Name)
<u></u>	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	
	A. LUNT

Office Use Only

JUL - 2 2008

EXAMINER



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06/30/08--01029--011 **25.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TELETRACK IT (Name of Limited Liability)	LLC ity Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted fo
Please return all correspondence concerning this matt	er to:
SIGTRYCGUR MATTHIASS (Contact Person)	<u>on</u>
(Firm/Company)	ZIOS J SECRE TALLAH
FORT LAUDEROALE, FL 3330 (City/State and Zip Code)	TARY OF
FORT LAUDERDACE, FL 3330 (City/State and Zip Code)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
For further information concerning this matter, please	
STGTRYCGUR MATTHTASON at (S (Name of Contact Person) (Area	205) 687-9808 X 206. a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee	orida Department of State for: \$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

	limited liability compan		records of the	Florida De	epartment
2. This limited liab	ility company was organ	nized under the laws o	of: TALLAHA	2008 JUN 30 SECRETARY	M
3. The Florida docu	ument/registration numb	per of this limited liab	ility company, FLOR	30 A II:	m O
	FGUR MATTHI ame of Person Resigning)	ASSON, hereby res	sign as a	GRM (Print Title)	
of this limited lial resignation in wr	bility company and affii iting.	rm the limited liability	y company has	been notif	ied of my
Signature of Res	m Nuum igning Member, Manag		 ger		
			-		
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				