

**LO8000027350**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

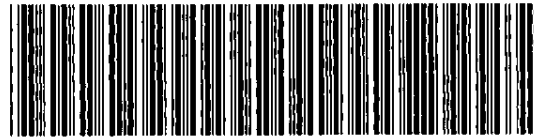
Special Instructions to Filing Officer:

**L. SELLERS**

**MAR 11 2011**

**EXAMINER**

Office Use Only



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**11 MAR 10 PM 6:53**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

*No*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Consolidated Group OFFShore  
(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:

Tom W. Austin  
(Contact Person)

Thomas W. Austin, P.A.  
(Firm/Company)

5571 N University Drive, Ste 101  
(Address)

Coral Springs, FL 33067  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ken Berrick at (954) 547-2249  
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2011

TOM W. AUSTIN  
5571 N. UNIVERSITY DRIVE, STE. 101  
CORAL SPRINGS, FL 33067

SUBJECT: THE CONSOLIDATED GROUP OFFSHORE, LLC  
Ref. Number: L08000027350

We have received your document for THE CONSOLIDATED GROUP OFFSHORE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 811A00003952



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: The Consolidated Group OFFShore

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

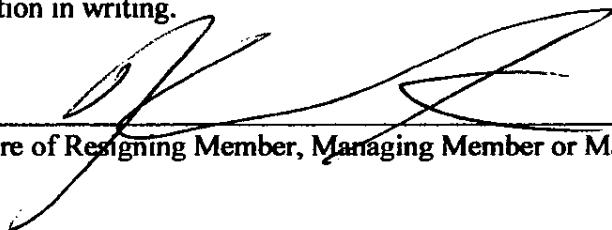
Florida

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

L080000027350

4. I, Kenneth Berrick, hereby resign as a MANAGER/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.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

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

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA