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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only

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2間 JUN -9 A ID: 39 SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

| Division of Corporations | | | |
|---|---|-----------------------|--------|
| SUBJECT: Flatiron Systems, LLC | | | |
| (Name of Limited Liability Co | отрапу) | | |
| The enclosed member, managing member or manager resifiling. | gnation and fee(s) are submi | itted for | |
| Please return all correspondence concerning this matter to | : | | |
| David Howard | | | |
| (Contact Person) | _ | | |
| Flatiron Systems, LLC | | | |
| (Firm/Company) | TAI | ν :~ | |
| 6777 Heritage Grande Suite 208 | LLAHA | ABOLIBBA Secretary | +River |
| (Address) | SS CO | 7 R 7. | _ |
| Boynton Beach FL 33437 | ر المنظم المنظم | | |
| (City/State and Zip Code) | | A 10: 39 | |
| For further information concerning this matter, please call | : Dr | 3 | |
| David Howard atat561 | 613-7779 | | |
| (Name of Contact Person) (Area Cod | e & Daytime Telephone Numb | er) | |
| Enclosed please find a check made payable to the Florida \$25 Filing Fee | Department of State for: \$55 Filing Fee & Certified Copy | · | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | |
| Registration Section | Registration Section | | |
| Division of Corporations | Division of Corporations | | |
| Clifton Building | P.O. Box 6327 | 4 | |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 | 4 | |

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| | nited liability company as on Systems, LLC | it appears on the records | of the Florida | a Depa | rtment |
|---|--|----------------------------|----------------------------|-------------|--------------|
| | ty company was organized | under the laws of: | SECRETARY (TALLAHASSEE | 7008 JUN -9 | |
| 3. The Florida docum L080000293 | ent/registration number of | this limited liability con | npany is RIOR | A 10: 39 | EO |
| 4. I, Lindsey Hay | /es ne of Person Resigning) | , hereby resign as a | Managing (Print | y Mer | <u>nbe</u> r |
| of this limited liabil resignation in writing | ity company and affirm th | | , | • | of my |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | • | |

Certified Copy:

\$30.00 (Optional)