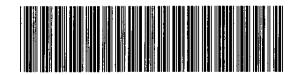
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T. CLINE

NOV 25 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 123 SOLUTION LLC (Name of Limited Liab	illity Company)
(Name of Limited Liat	onity Company)
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	atter to:
KAROLL-ANN FANFAN	<u>. </u>
(Contact Person)	 -:-
	2008 SEC
(Firm/Company)	CAE NO
9050 PINES BLVD STE 415.	V24 TARY TASSE
(Address)	EE, FL
PEMBROKE PINES, FL 33024	2008 NOV 24 AM 11: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDI
(City/State and Zip Code)	72.
For further information concerning this matter, plea	se call:
	954 ₎ 272-6128
(Name of Contact Person) (Ar	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee	lorida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

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 company as SOLUTION LLC	it appears on the record	s of the Flori	da Dep	artment 	·
	ility company was organized LIMITED LIABILITY (
3. The Florida docu L08000078	iment/registration number o	f this limited liability cor 	npany is:			
4. I, KAROLL-A	ANN FANFAN ame of Person Resigning)	, hereby resign as a	MNG (Print	Title)		
of this limited liab resignation in wri	oility company and affirm the ting.	. 11/20/2005	ny has been	,	12 AON 800	Supplied to the supplied to th
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			F STATE FLORIDA	AMII: 10	Table