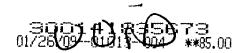
L08000084000

(Requestor's Name)			
(Add	Irace)		
(Address)			
(Address)			
	101-1-17:171		
(City	/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	☐ MAIL	
	—		
(Bus	iness Entity Nar	me)	
(D00	ument Number)		
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Certified Copies	Certificates	s of Status	
Special Instructions to F	iling Officer:		
		,	
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Office Use Only



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OPFEB - L AMII: 51

T. HAMPTON

FEB - 5 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	•		
SUBJECT: Assured Capital Consultants LLC (Name of Limited Liability Company)			
The enclosed member, managing member or rafiling.	manager resignation and fee(s) are submitted for		
Please return all correspondence concerning to	his matter to:		
Jenifer Hoffman			
(Contact Person)			
Assured Capital Consultants			
(Firm/Company)	10. 10. 10.		
13148 Summerlake Way			
(Address)			
Clermont, FL 34711	·		
(City/State and Zip Code)			
For further information concerning this matter	r, please call:		
	at (407) <u>877-3436</u>		
(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 &			
Ψ Φ23 I ming rec	Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations P.O. Box 6327		
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	Tallallassee, 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 company as sured Capital Consult	it appears on the records of the Florida Department ants, LLC
2. This limited liab	ility company was organized	under the laws of:
3. The Florida doct L08000084	_	this limited liability company is:
4. I, Jenifer Hoffman (Print Name of Person Resigning)		, hereby resign as a Managing Member (Print Title)
•	bility company and affirm the	e limited liability company has been notified of my
Signature of Res	Hollman igning Member, Managing M	lember or Manager
_	\$25.00 (Required) \$30.00 (Optional)	· ·

CR2E079 (5/06)

SECRETARY OF STATE DIVISION OF CORPORATIONS