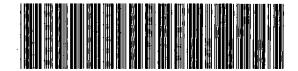
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(Requestor's Name)				
•				
(Ad	ldress)			
(Address)				
·				
(Cir	ty/State/Zip/Phone	= #)		
·		,		
PICK-UP	☐ WAIT	MAIL		
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(Bl	siness Entity Nan	ne) ·		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer	}		
Special Instructions to Filing Officer:				
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Office Use Only



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01/12/09--01018--001 **25.00



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Vetracks LLC (Name of Limited Liability Company)				
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for			
Please return all correspondence concerning this	matter to:			
WILFREIDO RAMOS (Contact Person)				
CIA Systems (Firm/Company)				
10508 Martinique Isk (Address)	Dr.			
Tampe Fr. 33647 (City/State and Zip Code)	*************************************			
For further information concerning this matter, p	lease call:			
(Name of Contact Person) at ((\$13) 579-8696 Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the	e Florida 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)



09 JAN 12 PH 2: 21 SECRETARY OF STATE TALL SHAPSEE FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as letracks LLC	• •	of the Florida Department
	ity company was organized	under the laws of:	
Honi		·	
3. The Florida docu	ment/registration number of タク 85 88 /	this limited liability comp	any is:
4. I, WILFRI	EDO RAMOS me of Person Resigning)	, hereby resign as a	MGR (Print Title)
	ility company and affirm the		
Signature of Basic	ming Member, Managing M	Lombor or Monagor	
orgnature or Resig	ining Menuoci, Managing M	temper of ividiager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		