L08000088985

(Requestor's Name)
(Address)
(Address)
2
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.





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09 DEC 21 PM 2: 05

SECRETARY OF STATE
SECRETARY SEE, FLORIDA

J. DAM

DEC 22 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: SOLOTIONS (Name of Limited Liability Company)				
The enclosed member, managing member or manager resignation and fee(s) are subfiling.	mitted for			
Please return all correspondence concerning this matter to:				
2 log Parraga				
Los Global Solutions (Firm/Company)	O9 DE SECRI			
EZO Josh Irst Joop (Address)	DEC 21 PM 2: 05 CRETARY OF STATE CAHASSEE, FLORIO			
Ocole Fl 3(74) (City/State and Zip Code)	2: 05 STATE FLORIDA			
For further information concerning this matter, please call:				
(Name of Contact Person) at (407) 590-5732 (Area Code & Daytime Telephone Nur	mber)			
Enclosed please find a check made payable to the Florida Department of State for: \$\sum{\sum{\sum{\sum{\sum{\sum{\sum{				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Boy 6327				

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle Tallahassee, Florida 32301



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 line of State is:	mited liability company as it appears on the records of the Fl	orida Department
2. This limited liabilit	ty company was organized under the laws of: $\frac{2000082985}{2000082985}$	09 DEC 21 PI SECRETARY O FALLAHASSEE
	nent/registration number of this limited liability company is:	PH 2: 05 RY OF STATE SEE, FLORIDA
4.1, Anabella (Print Nam	a Sanchez, hereby resign as a Man	rini Tille)
of this limited liabili	ity company and affirm the limited liability company has beeng.	en notified of my
Ardselle	Sinchez.	
Signature of Resign	ning Member, Managing Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	