L08000098554

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

Office Use Only



600215052706

12/12/11--01026--011 **25.00

TALL AND SSEEL FLORID

B. BOSTICK
DEC 1 3 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BIO-METRICA, LLC	Liability Company)	
(Name of Limited I	Liability Company)	
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are subr	mitted for
Please return all correspondence concerning this	matter to:	
RONEN YACOBI		
(Contact Person)		
BIO-METRICA, LLC		
(Firm/Company)	WALLAND AND ADDRESS OF THE STREET	. 1
380 SOUTH SR434 #1004-298		11 DEC 12
(Address)		
ALTAMONTE SPRINGS, FL 32714		
(City/State and Zip Code)		PH 3: 5:
For further information concerning this matter, p	lease call:	: 52 ATE ORIDA
GINGER ELLISat (407 831-1407	
(Name of Contact Person)	(Area Code & Daytime Telephone Nun	nber)
Enclosed please find a check made payable to the	e Florida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	:
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	S
Clifton Building	P.O. Box 6327	114
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 323	14

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 D-METRICA, LLC	it appears on the record	s of the Florida Dep	artment
	ility company was organized E OF FLORIDA	d under the laws of:		
3. The Florida doc: 	ument/registration number o 3554	f this limited liability con	mpany is:	
4. I, VICTOR EYAL (Print Name of Person Resigning)		, hereby resign as a	MGRM (Print Title)	
of this limited lia resignation in wr	bility company and affirm th	ne limited liability compa	ny has been notified	i of my
Signature of Resi	igning Member, Managing N	Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SEUKLISAN R TALLAHASSEE	1105012