L08000/0029/

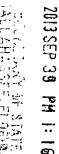
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
On sight lands and Eiling Officer					
Special Instructions to Filing Officer:					
OCT - 4 2013					
A. LUNT					
A. LONI					

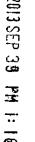
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: DATATRAK SOFTWARE SOLUTIONS, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOHN W FOWLER			
(Contact Person)			Die
			五五
(Firm/Company)			138 A
7036 GOLF POINTE CIRC	CLE		
(Address)			
TAMARAC FL 33321			<u> </u>
(City/State and Zip Code)		•	
For further information concerning this matter, p	olease call:		
JOHN W FOWLER	786	763-3695	

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$\Bigsiz\$ \$\sum \text{\$\sum \$\text{25}\$ Filing Fee } \Bigsiz\$ \$\bigsiz\$ \$\text{\$\sum \$\sum \$\text{\$\sum \$\text{\$\sum \$\text{\$\sum \$\text{\$\sum \$\text{\$\sum \$\sum \$\text{\$\sum \$\sum \$\text{\$\sum \$\sum \$\sum \$\text{\$\sum \$\sum \$\sum \$\text{\$\sum \$\sum \$\sum \$\sum \$\sum \$\sum \$\text{\$\sum \$\sum \$\sim \$\sum \$\su

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)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

of State is: Act	limited liability company as it appo		F	<u>_</u> _	<u>_</u> .
2. This limited liab Florida	lity company was organized under	the laws of:	The state of the s	2013 SEP 38 F	processing and the second
3. The Florida docu L080001002	ment/registration number of this li	mited liability company is:			Ç
4. I, JOHN W F	OWLER,	hereby resign as a CIO			
•	ome of Person Resigning) polity company and affirm the limit ting.	·	Print Title	•	my
Signature of Resi	gning Member, Managing Membe	r or Manager			
Filing Fee:	\$25.00 (Required)	•			
Certified Copy:	\$30.00 (Optional)				