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SECSELANT OF CLASSICS

DIVISION OF THE LABOURS

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COVER LETTER

TO: Registration Section Division of Corporations Rick Antos Consulting, 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: Richard Antos (Contact Person) Rick Antos Consulting, LLC (Firm/Company) 651 Cayuga Dr (Address) Winter Springs, FI 32708 (City/State and Zip Code) For further information concerning this matter, please call: Richard Antos (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & ■ \$25 Filing Fee Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations**

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

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

	he limited liability company as Rick Antos Consulting, LLC		the Florida Department
2. This limited I Florida	iability company was organized	under the laws of:	
3. The Florida d L0800001	ocument/registration number of 04511	this limited liability compa	ny is:
4. I. Katherine	e Antos	, hereby resign as a M	anaging Member
Pris	nt Name of Person Resigning)		(Print Title)
of this limited resignation in	liability company and affirm the writing.	e limited liability company l	nas been notified of my
Signature of R	ne Lutos designing Member, Managing N	lember or Manager	
Filing Fee:	\$25.00 (Required)		DIVISION 13 M

Certified Copy:

\$30.00 (Optional)