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(Requestor's Name)	-			
(Address)				
(Address)				
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC - 9 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BASELINEAGENT.COM, LLC		
SUBJECT: BASELINEAGENT.COM, LLC (Name of Limited Liability C	ompany)	
The enclosed member, managing member or manager resfiling.	ignation and fee(s) are submitted for	
Please return all correspondence concerning this matter to	o:	
RAMESH NATHAN		
(Contact Person)	_	
BASELINEAGENT.COM, INC.	SE(TAL	
(Firm/Company)	ORE T	
19046 BRUCE B DOWNS BLVD. #107	ARY -8	
(Address)	—	
TAMPA, FL 33647	PH 12: 44 FLORIDA	
(City/State and Zip Code)		
For further information concerning this matter, please cal	1:	
RAMESH NATHAN at (813	₎ 435-6244	
	de & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		



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 i SELINEAGENTAGEN		of the Florida Department
2. This limited liabi FLORIDA	lity company was organized	under the laws of:	
3. The Florida docu.	ment/registration number of	this limited liability con	npany is:
	COMPANY, LLC me of Person Resigning) ility company and affirm the		MANAGING MEMBER (Print Title)
resignation in writ	ing.		ny has been nounted of my
Signature of Resig	behalf of Nathang uning Member, Managing Me	ember or Manager	OB D SECRE
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FILED FC-8 PH 12: TARY OF STATE ASSEE, FLORID