## L08000/086/2

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



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T. HAMPTON

OCT 2 7 2009

**EXAMINER** 

## **COVER LETTER**

| _                   | stration Section<br>sion of Corporations       |                                      |
|---------------------|--|--------------------------------------|
|                     | •  |                                      |
| SUBJECT:            | New Heights Consulting, LLC                    |                                      |
|                     | (Name of Limited Liability Co                  | mpany)                               |
| The enclose filing. | d member, managing member or manager resi      | gnation and fee(s) are submitted for |
| Please return       | n all correspondence concerning this matter to | :                                    |
| Carlos La           | angberg, President                             |                                      |
|                     | (Contact Person)                               | <del></del>                          |
| Basoro H            | loldings Inc                                   | _                                    |
|                     | (Firm/Company)                                 |                                      |
| 1200 Hib            | piscus Avenue Unit 905                         | <u>.</u>                             |
|                     | (Address)                                      |                                      |
| Pompano             | o Beach, FL 33062                              |                                      |
|                     | (City/State and Zip Code)                      | _                                    |
| For further i       | nformation concerning this matter, please call | ·<br>:                               |
| Carlos La           | angberg, President at 954                      | 249-7214                             |
| (N                  | Name of Contact Person) (Area Code             | e & Daytime Telephone Number)        |
| Enclosed ple        | ease find a check made payable to the Florida  | Department of State for:             |
| •                   |  | \$55 Filing Fee &                    |
|                     |  | Certified Copy                       |
| STREET/C            | OURIER ADDRESS:                                | MAILING ADDRESS:                     |
| Registration        |  | Registration Section                 |
|                     | Corporations                                   | Division of Corporations             |
| Clifton Build       |  | P.O. Box 6327                        |
|                     | tive Center Circle<br>Florida 32301            | Tallahassee, Florida 32314           |
| rananassee,         | 1 IOIIGG 32301                                 |                                      |

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

|                                    | nited liability company as i<br>Heights Consulting | t appears on the records of the      | Florida Department |
|------------------------------------|--|--------------------------------------|--------------------|
| 2. This limited liabili            | ty company was organized                           | under the laws of:                   |                    |
| 3. The Florida docum<br>L080001086 |  | this limited liability company i     | s:                 |
| 4. I,                              | Basoro Holdings I                                  | nc , hereby resign as a Mem          | nber and Manager   |
| (Print Nam                         | e of Person Resigning)                             |                                      | (Print Title)      |
| resignation in writing             | J. Mari  | limited liability company has become | ·                  |
| Signature of Resign                | ing Member, Managing Me                            | mber or Manager                      |                    |
| Filing Fee:<br>Certified Copy:     |  |                                      | SECRETARY OF STA   |
|                                    |  |                                      | N RS I             |

CR2E079 (5/06)