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•				
(Requestor's Name)				
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EXAMINER



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## **COVER LETTER**

_	stration Section sion of Corporations	
SUBJECT:	Hyperion Capital Partne	
	(Name of Limite	d Liability Company)
The enclosed filing.	d member, managing member or n	nanager resignation and fee(s) are submitted for
Please return	all correspondence concerning th	is matter to:
Justin Pe	enza, Managing Member	
	(Contact Person)	
Definitive	Consulting Group, LLC	
	(Firm/Company)	
831 Mani	hattan Avenue	
	(Address)	·
Grover B	each, CA 93433	•
	(City/State and Zip Code)	<del></del>
For further in	nformation concerning this matter,	please call:
Justin Pe	nza a	<sub>at (</sub> 805 <sub>)</sub> 801-8132
(N	ame of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed ple	ase find a check made payable to t	he Florida Department of State for:
_	<b>✓</b> \$25 Filing Fee	\$55 Filing Fee &
		Certified Copy
	OURIER ADDRESS:	<b>MAILING ADDRESS:</b>
Registration (		Registration Section
Division of C		Division of Corporations
Clifton Build		P.O. Box 6327
	ve Center Circle	Tallahassee, Florida 32314
Tallahassee, l	Florida 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

	limited liability company as it perion Capital Partners		the Florida Department
2. This limited liab	oility company was organized u	under the laws of:	
3. The Florida doce L08000114	ument/registration number of th	his limited liability compa 	ny is:
· · · · ·	Consulting Group, LLC	, hereby resign as a	lember and Manager
of this limited lia resignation in wr	bility company and affirm the	oR	,
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		DIVISIONI OP OCT