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D. BRUCE

JUN 13 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mensa Certified Public Bookkeep (Name of Limited Liability Cor	
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Denise Mensa-Cohen	_
(Contact Person)	
Mensa Certified Public Bookkeepers, LLC	_
(Firm/Company)	
2643 Gulf to Bay Blvd., Suite 1560-269	
(Address) Clearwater, FL 33759	JUN 10 PM 3: 1
(City/State and Zip Code)	
For further information concerning this matter, please call:	DRIED TO
Denise Mensa-Cohen at 727	2 442-1888 & Daytime Telephone Number)
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, 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

	ne limited liability company as ensa Certified Public B		of the Flori	ida Depa	artment 	
2. This limited lia	ability company was organized	under the laws of:		SEUKEDARY ALL AHASSEI	TH JUN 10	ï
3. The Florida do L0900000	cument/registration number of 00549	this limited liability con	npany is:	OF STATE	RM 3: 17	
4. I, Jeffrey M	. Cohen	, hereby resign as a	Manage	r		
(Print	Name of Person Resigning)		(Prin	t Title)		
resignation in w	ability company and affirm the riting. signing Member, Managing M		ny has been	notified	of my	
Filing Fee:	\$25.00 (Required)					

Certified Copy:

\$30.00 (Optional)