## 109000005869

(Re	questor's Name)			
(Address)				
(Ad	dress)			
	y/State/Zip/Phone			
(Oil)	y/State/Zip/Filone	⇒ # <i>)</i>		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
,	-			
Special Instructions to Filing Officer:				
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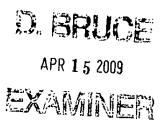
Office Use Only



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O9 APR IL PHIZ: 39
SECRETARY OF STATE
FALLAHASSEE, FLORIC



## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations			
Division of Corporations			
SUBJECT: Agility Technology So			
(Name of Li	imited Liability Company)		
The enclosed member, managing member of filing.	or manager resignation and fee(s) are submitted	l for	
Please return all correspondence concerning	ng this matter to:		
Steve Moore			
(Contact Person)			
Agility Technology Solutions, LL	_C		
(Firm/Company)	TA'S	0	
N3569 Scenic Ln	ECRE LLAH	09 APR 14 PH 12: 39	٠,
(Address)	ASS	±	
Appleton, WI 54913	FE. F	PH	
(City/State and Zip Code)	LOR	<u>:</u>	- (
For further information concerning this mat	itter, please call:	39	
Steve Moore	at (920) 569-5635		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable  \$25 Filing Fee	to the Florida Department of State for:  \$55 Filing Fee &  Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section		
Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, 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		of the Florida Department
of State is: Ag	lity Technology Solut	ions, LLC	
2. This limited liab Florida	ility company was organized	d under the laws of:	
		<del></del> ;	
3. The Florida doc L0900000	ument/registration number of 5869	f this limited liability com	pany is:
4. I, Steve Moore		, hereby resign as a _	MGRM
(Print Name of Person Resigning)			(Print Title)
of this limited lia resignation in wr	bility company and affirm th iting.	e limited liability compan	y has been notified of my
lal.	m_		og TALL
Signature of Res	gning Member, Managing M	1ember or Manager	APR    RETAR
Filing Fee:	\$25.00 (Required)		# # F F F
Certified Copy:	\$30.00 (Nequired)		25. 25. D