"LB9000009703

(Red	questor's Name)				
, (Add	dress)	<u></u>			
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C. LEWIS

MAR 2 3 2010

EXAMINER

COVER LETTER

TO:	-	ration Section on of Corporations		
SUBJ	ECT:	RESIGNATION OF MAN		
The er	nclosed 1		·	gnation and fee(s) are submitted for
filing.				` ` ` `
Please	return a	all correspondence concerning thi	s matter to:	•
DEB	BRA L	RUDD		_
		(Contact Person)		_
RUD	D CO	NSULTING, LLC		
		(Firm/Company)		
1172	21 MA	RSH ELDER DR		
		(Address)		
JAC	KSON	(City/State and Zip Code)		
For fu	ırther inf	formation concerning this matter,	please call:	
NAN	ICY C	MCCANN a	t (904	_) 383-2026
	(Nai	me of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclos	sed pleas	se find a check made payable to		
	Į	\$25 Filing Fee		\$55 Filing Fee & Certified Copy
		URIER ADDRESS:		MAILING ADDRESS:
	tration S			Registration Section Division of Corporations
	ion or Co n Buildi	orporations		P.O. Box 6327
		ng ve Center Circle		Tallahassee, Florida 32314
		Florida 32301		Turidiadoo, Tiorida Suo III

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 DD CONSULTING, L	it appears on the records of the	Florida Department	
2. This limited liab	ility company was organized	l under the laws of:	,	
3. The Florida doc L0900000		f this limited liability company	is:	
4. I, GEORGE E RUDD		, hereby resign as a MGRM		
(Print Name of Person Resigning)		, , , , , , , , , , , , , , , , , , , ,	(Print Title)	
of this limited lia resignation in wr		e limited liability company has	been notified of my	
_ 41-8	field			
Signature of Res	gning Member, Managing N	fember or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			