## 

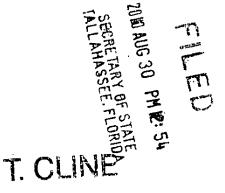
• •		
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
<b>(</b> ,	,	
<b>16</b> 14.	Marka Pirin (Marka	- 40
(City	/State/Zip/Phone	÷ #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
<b>(</b> =	,	
Cadified Carian	Carristan e	of Chatria
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
		į
l		

Office Use Only



300184010153

08/30/10--01061--023 \*\*25.00



AUG 3 1 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: ArcView Associates, LLC  (Name of Limited Liability Com	npany)		
·			
The enclosed member, managing member or manager resigniling.	nation and fee(s) are submi	itted for	
Please return all correspondence concerning this matter to:			
Mike W. Moore			
(Contact Person)	-		
ArcView Associates, LLC			
(Firm/Company)	-		
2645 S. Bayshore Dr., Suite 702	_	20 MD	
(Address)		20 ND AUG 30 SECRETAR' TALLAHASS	-
Miami, FL 33133-5434		30 ARY ASSI	
(City/State and Zip Code)	-	men	
For further information concerning this matter, please call:		PM E: 54 OF STATE E, FLORID	*,
James A. Haid at ( 954	, 448-9224	13-	
	& Daytime Telephone Numb	er)	
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$\$	Department of State for: 655 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314	4	
Tallahassee, Florida 32301	I I I I I I I I I I I I I I I I I I I	•	

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it a of State is: ArcView Associates, LLC	ippears on the records of the Flor	ida Departme	ent _·
2. This limited liability company was organized un Florida	der the laws of:	20 80 AUG 30 SECRETARY TALLAHASS	
3. The Florida document/registration number of thi L09000020758	s limited liability company is:	TARY OF STATE	
4. I, WOZNIAK IT SERVICES, INC.  (Print Name of Person Resigning)		r Por 5	_
of this limited liability company and affirm the liresignation in writing.	mited liability company has been	notified of m	ıy
Signature of Resigning Member, Managing Mem	ber or Manager		
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)			