

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	• • •
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12/14/09--01018--016 **25.00



S. HAWKES
DEC 1 5 2009
EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Client Sources Management LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Gregg Ferstman (Contact Person)
(Firm/Company)
185 NO. 4th Avenue #205 e Delray Beach Floring 33483 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Organ Ferstman at 954 778-7725 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301

CR2E079 (5/06)

TO: Registration Section



FLORIDA DEPARTMENT OF STATE

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	mited liability company as it appears on the records of the Florida Department Lient Services Management LLC.
2. This limited liabili	ty company was organized under the laws of:
	nent/registration number of this limited liability company is:
4. 1, <u>Cego</u> (Print Nan	FERSTMAN, hereby resign as a MANAGER (Print Title)
of this limited liabi resignation in writi	lity company and affirm the limited liability company has been notified of my ng.
Signature of Resign	ning Member, Managing Member or Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)