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#### **COVER LETTER**

- TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: SHAFER CONSULTI	NG, LLC
	Liability Company)
The enclosed member, managing member or managing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Jennifer Shafer	
(Contact Person)	
Shafer Consulting, LLC	
(Firm/Company)	<del> </del>
2921 Upper Tangelo Drive	
(Address)	<del></del>
Sarasota, FL 34239	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Jennifer Shafer a	941 232-8222
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	ne Flor <u>ida</u> Department of State for:
<b>✓</b> \$25 Filing Fee	\$55 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	

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### FILED

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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 compa	uny as it appears on the records of JLTING LLC	of the Florida Department
2. This limited liab	ility company was orga	anized under the laws of:	
3. The Florida doci	<u> </u>	ber of this limited liability comp	pany is:
'' ''	J Shafer ame of Person Resigning)	, hereby resign as a _	Manager (Print Title)
of this limited lia resignation in wr		irm the limited liability company	y has been notified of my
Signature of Res	gning Member, Manag	ing Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		