40900038846

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City.)(C	State/Zip/Phon	- 40
(City/S	state/Zip/Pnon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Na	me)
(Docu	ment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	
	'JAN 3 1	2014
	A. LU	
	,	,,,

Office Use Only

Ş



800253974178

01/23/14--01025--002 **25.00

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Hallmark CPA	Group FLimited Liability Co	mpany)			
The enclosed member, resignation or dis	-				
-					
Please return all correspondence concern	ing this matter to:				
Christopher Frye					
(Contact Person)					
		ZON JAN 29 SEERETAR TALLAHASS			
(Firm/Company)		TAR ASS			
3120 South Pines Dr I	Jnit 91	Y OF			
(Address)		FLOI			
Largo, FL 33771		ATE PRIDA			
(City/State and Zip Code)					
For further information concerning this r	natter, please call:	:			
Christopher Frye	_{at (} 727	535-8776			
(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)			
Enclosed please find a check made payal	ble to the Florida !	Department of State for:			
■ \$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			

CR2E079 (12/13)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	ne limited liability company as allmark CPA Group, LL	s it appears on the records of the .C	Florida I	Departr	nent
2. The Florida do L0900003		of this limited liability company i	ALCRETARY	2014 JAN 28	<u></u>
	nember withdrew or will with		OF STA	T.	
, 	er Wayne Frye Name of Person Resigning)	, hereby resign as a Partr	ner골습 <i>(Prhit Titl</i>	(e)	_
of this limited l resignation in v		he limited liability company has	been noti	fied of	my
Signature of	Resigning or Dissociating Ma	anager, Member			
Filing Fee:	\$25.00 (Required)				

Certified Copy:

\$30.00 (Optional)