## L09000044079

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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09 DEC 2) AM II: 49

T. HAMPTON

DEC 2 2 2009

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE		DO, LLC.    Liability Company)
The en filing.	closed member, managing member or m	anager resignation and fee(s) are submitted for
Please	return all correspondence concerning thi	s matter to:
LUIS	FERRER	
	(Contact Person)	
STRA	ATEGY PLATFORM, LLC.	
•	(Firm/Company)	
5201	BLUE LAGOON DR. STE 80	0
	(Address)	
MIAN	/II, FL 33126	
	(City/State and Zip Code)	
For fur	ther information concerning this matter,	please call:
LUIS	FERRER	
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclose	ed please find a check made payable to the state of the s	he Florida Department of State for:  \$55 Filing Fee &  Certified Copy
Registr Divisio Clifton 2661 E	ET/COURIER ADDRESS: ation Section on of Corporations Building executive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	GA FERRER ACEVEDO, L	ars on the records of the Florida Department LC.
2. This limited lial FLORIDA	pility company was organized under t	he laws of:
3. The Florida doc L0900004	ument/registration number of this lin	nited liability company is:
	ULTING, LLC. (EFRAIN VEGA) , h	
(Print l	Name of Person Resigning)	(Print Title)
resignation in w		d liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	JIVISI <b>09 I</b>

NO DEC 3) AM II: IIQ