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SECRETARY OF STATE ALLAHASSEE, FLORIDA To the same of the

J. SAULSBERRY EXAMINER DEC 21 2011

COVER LETTER

TO: Registration Section

Tallahassee, Florida 32301

CR2E079 (5/06)

Division of Corporations	
SUBJECT: TABS SERVICES,	LLC
	f Limited Liability Company)
The enclosed member, managing member filing.	er or manager resignation and fee(s) are submitted for
Please return all correspondence concern	ning this matter to:
Sharon Hale	
(Contact Person)	
Hale McGee and Associates,	LLC
(Firm/Company)	SECTALL
883 West Granada Blvd.	SECRETAR) FALLAHASSI
(Address)	£ £ £
Ormond Beach, FL 32174	PH 12: 0 OF STATE E. FLORID
(City/State and Zip Code)	ATE RIDE
For further information concerning this	matter, please call:
Sharon Hale	at (386) 672-6742
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made paya \$25 Filing Fee	ble to the Florida Department of State for: √ \$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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as BS Services, LLC	s it appears on the records	s of the Florida Departmen	t
2. This limited liab	oility company was organized	d under the laws of:		
3. The Florida doc <u>L0900004</u>	ument/registration number o 5452	f this limited liability con	npany is:	
4. I, Amy Your	ıg	, hereby resign as a	Member	
	lame of Person Resigning)		(Print Title)	
resignation in wi	bility company and affirm the iting. igning Member, Managing N		ny has been notified of my ZIII DEC 19 SECKETAR)	(3/7834
_	\$25.00 (Required) \$30.00 (Optional)		PH COFYS E. FL	