## D9000033998

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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Special Instructions to Filing Officer:

L. SELLERS

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**EXAMINER** 

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SECRETARY OF SE

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## **COVER LETTER**

for

TO: Registration Section Division of Corporations	
SUBJECT: INVENTORY LOGISTIES, LLC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are subfiling.	mitted
Please return all correspondence concerning this matter to:	
ROBERT W. ASCHWEIM, ESq. (Contact Person)	
ROBERT H. NSCHNEIM, E89. (Firm/Company)	
18851 NE 29°AVE SUTE 1010 (Address)	
City/State and Zip Code)	
For further information concerning this matter, please call:	
Robert W. Aschlein, Bg-at (305) 937-005/ (Name of Contact Person) (Area Code & Daytime Telephone Nu	mber)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle  MAILING ADDRESS Registration Section Division of Corporation Division of Corporation P.O. Box 6327 Tallahassee, Florida 32	ıs

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the F of State is:	lorida Department
2. This limited liability company was organized under the laws of:  STATE OF FLORIDA.	
3. The Florida document/registration number of this limited liability company is:	
4. 1, LSC CONSULVONTS, LLC , hereby resign as a MEM (Print Name of Person Resigning)	Ban/Manapan Print Title)
of this limited liability company and affirm the limited liability company has be resignation in writing.    Sel Concultants   Ce By. Person     Signature of Resigning Member, Managing Member of Manager	een notified of my
LSC CONSULTANTE LLC By. Newford Newson MEMO	12 24 2009
Signature of Resigning Member, Managing Member or Manager	
DEBORON MENGRONE, MANAGER Albrid Try	44 . 2
Filing Fee: \$25.00 (Required)	7703
Certified Copy: \$30.00 (Optional)	Acr o
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