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T. BROWN

COVER LETTER

Registration Section
Division of Corporations

TO:

CR2E079 (12/13)

SUBJECT: KEMY SOFT SO/UTIONS LLC (Name of Limited Liability Company)
(Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Contact Person)
KEMY Soti Solutions LLC
424 E CENTRAL Blvo #339 (Address)
ORIANDS F1 32801 (City/State and Zip Code)
For further information concerning this matter, please call:
TORGE SANTON at (407) 552-1143 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sim\$ \$\\$\\$25 \text{Filing Fee}\$\$\$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Tallahassee, Florida 32314



January 16, 2014

JORGE SANTOS REMYSOFT SOLUTIONS LLC 424 E CENTRAL BLVD #339 ORLANDO, FL 32801

SUBJECT: REMYSOFT SOLUTIONS LLC

Ref. Number: L09000061185

We have received your document for REMYSOFT SOLUTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 114A00001115

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

of State is: REMY SUFF	as it appears on the records of the Florida Depar ment
2. The Florida document/registration number	of this limited liability company is:
3. The date this member withdrew or will wit	hdraw is: 12/31/2013
4. I, JON ROGERTOM (Print Name of Person Resigning)	, hereby resign as a MGRM (Print Title)
	the limited liability company has been notified of my
Signature of Resigning or Dissociating M	1anager, Member
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	