

L090000061692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

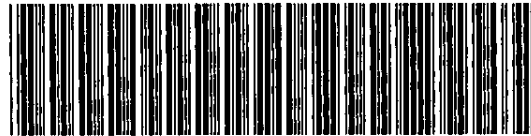
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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B. BOSTICK  
NOV 15 2012  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AUDUBON CONSULTING, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MERLE J. NURSE  
(Contact Person)

AUDUBON CONSULTING, LLC  
(Firm/Company)

1921 ACACIA DRIVE  
(Address)

KISSIMMEE, FLORIDA 34758  
(City/State and Zip Code)

For further information concerning this matter, please call:

MERLE J. NURSE at (407) 201-7909  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRET  
TALLAHASSEE, FLORIDA

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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 Florida Department of State is: AUDUBON CONSULTING, LLC

2. This limited liability company was organized under the laws of:  
DIVISION OF CORPORATIONS

3. The Florida document/registration number of this limited liability company is:  
LO9000061692

4. I, MERLE J. NURSE, hereby resign as a MANAGER  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Merle J. Nurse

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
12 NOV 13 PM 5:42  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 23, 2012

MERLE J. NURSE  
AUBUDON CONSULTING, LLC  
1921 ACACIA DRIVE  
KISSIMMEE, FL 34758

SUBJECT: AUDUBON CONSULTING, LLC  
Ref. Number: L09000061692

We have received your document for AUDUBON CONSULTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 212A00026022