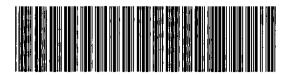
W900063603

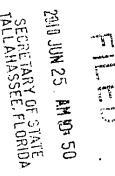
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000182448480

06/25/10--01006--010 **25.00



T. CLINE

JUN 28 2010

EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Ruiz Consulting Group, PLLC (Name of Limited Liability)	Company)
(Name of Entitled Entering	company)
The enclosed member, managing member or manager refiling.	esignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
Mark Ruiz, PhD	
(Contact Person)	
Ruiz Consulting Group, PLLC	<u></u>
(Firm/Company)	7 1
3837 Northdale Blvd, Suite 343	2310 JUN 25 M D 50 SECRETARY OF STATE TALLAHASSEE. FLORID
(Address)	143 143 143
Tampa, FL 33624	SEE. I
(City/State and Zip Code)	FLOS 5
For further information concerning this matter, please c	all:
Mark Ruiz at (813	3 ₎ 727-0131
(Name of Contact Person) (Area C	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid	la 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

Tallahassee, Florida 32301

CR2E079 (5/06)



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 iz Consulting Group, f		s of the Florida Department	
2. This limited liab	sility company was organized	under the laws of:		
3. The Florida doc 	ument/registration number of 3603	this limited liability con	npany is:	
	bility company and affirm the	hereby resign as a		
Michal	igning Member, Managing M	ember or Manager	2010 JUN 21 SECRETAF TALLAHAS	installation of the second of
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		S MO S RY OF STAT SEE, FLORI	