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J. SAULSBERRY EXAMINER

SEP 1-5 2010

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Strategic Innovative Solution	
(Name of Limited Liabi	lity Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	tter to:
Olurotimi Phillips	3EC 2010
(Contact Person)	
Strategic Innovative Solutions, LLC	ASSET THE PROPERTY OF THE PROP
(Firm/Company)	
3812 West Linebaugh Avenue, Suite 1	""" .
(Address)	
Tampa, FL 33618	
(City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
Olurotimi Phillips at (8	767-9082
(Name of Contact Person) (Are	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee	orida Department of State for: V \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section 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 it apategic Innovative Solution		of the Flo	rida De _l	partmer	nt
2. This limited liability company was organized under the laws of: Florida		HENCHALLS	2010 SEP 14 F	S County 14		
3. The Florida docu L09000066	ment/registration number of this 556	limited liability con	npany is:	FLORIDA	PM 3: 46	
4. I, Armando (, hereby resign as a	Manage	er		
(Print Name of Person Resigning)			(Pri	nt Title)		
of this limited lial resignation in wri	oility company and affirm the limiting.	ited liability compar	ny has been	notifie	d of my	y
Signature of Resi	gning Member, Managing Member	er or Manager				
Filing Fee:	\$25.00 (Required)					
Certified Copy:	\$30.00 (Optional)					