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G. MCLEOD

FEB 21 2012

EXAMIN 3



500222406475

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COVER LETTER

LC
ability Company)
ger resignation and fee(s) are submitted for
natter to:
ase call:
954) 5362905
rea Code & Daytime Telephone Number)
Flor <u>ida Department of State for:</u>
√ \$55 Filing Fee &
Certified Copy
MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	RENSIC SOLUTIONS		of the Florida Department
2. This limited liab	pility company was organized	under the laws of:	
3. The Florida doc L0900007	ument/registration number of 3426	this limited liability com	pany is:
4. I, KEVIN MA	\RAJH	, hereby resign as a	MANAGER
· · · · · · · · · · · · · · · · · · ·	lame of Person Resigning)	,	(Print Title)
resignation in w	bility company and affirm the iting.		y has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		يسي هـــ عارة «خار

CR2E079 (5/06)