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D. BRUCE

APR 6 2010

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: LEAPSTRIDE, LLC (Name of Limited Liability Con	npany)
The enclosed member, managing member or manager resig filing.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Victor Del Prete	
(Contact Person)	-
(Firm/Company)	- 10
3810 Murrell Road #152	APR-5 PH 1: AHASSEE, FLOO
(Address)	- F.O. P. III
Rockledge, FL 32955	EFF.SIE
(City/State and Zip Code)	10 A
For further information concerning this matter, please call:	
Victor Del Prete (Name of Contact Person) at (561 (Area Code	400-0800 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tollahassae, Florida 32301	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

	imited liability company as it ap	pears on the records of the F	Florida Department
2. This limited liabile the state of	lity company was organized und Florida	er the laws of:	10 APR -5 P
3. The Florida documents L09000076	ment/registration number of this	limited liability company is:	OF STATE FLORIDA
4. I, Victor Del F	Prete me of Person Resigning)	, hereby resign as a partia	ll owner/MGAM
of this limited liab resignation in writ	ility company and affirm the liming.	ited liability company has be	een notified of my
Signature of Resig	ning Member, Managing Memb	er or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		