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SEGRETARIO OF STATE
ATTACKS FOR FORTON

B. BOSTICK
JUN 21 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Identity That I	FLAND Solutions LLC	
(Name of Limited	Liability Company)	
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for	
Please return all correspondence concerning this	matter to:	
ZAC BOYFR (Contact Person)		
(Contact Person)		
Identity That FRAND S	Solutions All ASS	
(Finizompany)	स्टिं	
163 E MORSS Blv1 (Address)	SECRETARION STATE SECRETARION SUITA 200	
Wintsa Park, FL (City/State and Zip Code)	32789	
For further information concerning this matter, p	olease call:	
(Name of Contact Person) at	866 343- 9893	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to th	e Florida Department of State for:	
\$25 Filing Fee	\$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	

CR2E079 (5/06)

Tallahassee, Florida 32301



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 of State is:	limited liability company a Lds of Hy The ft	as it appears on the records of FRAVD Solutions	of the Florida Department
	oility company was organiz	ed under the laws of:	
1.09 0000	78143	of this limited liability comp	•
		hereby resign as a	
of this limited lia resignation in wr		the limited liability company	
Signature of Res	igning Member, Managing	Member or Manager	11 JUN 20 AN
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		AHII: 24 UF STATE E. FLORID