(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:

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J. SAULSBERRY EXAMINED

OCT 2 1 2013

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Resolute Asset Management, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Clay Lehman

(Contact Person)

Resolute Asset Mangement

(Firm/Company)

13 NE 1st Ave

(Address)

Ocala, FL 34470

(City/State and Zip Code)

For further information concerning this matter, please call:

Clay Lehman

...352

414-5291

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, 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

	limited liability company as i solute Asset Manageme	t appears on the records of the FI nt, LLC	orida Departmen	
2. This limited liab	oility company was organized	under the laws of:	13 OCT 18 AM	
3. The Florida door L09000080		this limited liability company is:	AM 10: 07	
4. I, Jeremy Collett (Print Name of Person Resigning)		, hereby resign as a Manag	, hereby resign as a Managing Member (Print Title)	
of this limited lia resignation in wr		limited liability company has bee	en notified of my	
Signature of Resi	gning Member, Managing Me	-	· , .	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	·		