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(Req	uestor's Name)				
(Add	ress)				
(Address)					
(City	/State/Zip/Phone	e #)			
					
PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Nar	ne)			
•					
(Doc	ument Number)				
Certified Copies	Certificates	s of Status			
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RECYCLEST OF STATE
FALLALLANDED FOR STATE

COVER LETTER

TO:	Registration Division of	n Section f Corporations			
SUBJ	JECT:	CONTRACT	Spa	1 PUTACLATI ENS	LLL.
		(Nam	ie of Limited Li	ability Company)	
The e		nber, managing mei	nber or mana	ager resignation and fee(s) are	e submitted for
Please	e return all co	orrespondence cond	cerning this n	natter to:	
	TIM	(Contact Person)	ARIUS		
		(Contact Person)			
	رمم	TRACT S	POZ 1	NSTALLATIONS LL	
		(rimi/Company)			
	5500	ML LITAL (Address)	ry	TRAIL SUITE	22-302
		(City/State and Zip Coo	le)	• <u>Q</u>	
For fi	urther inform	ation concerning th	nis matter, ple	ease call:	
•	TIM	MAKAR	IVS at (S61 676-6911 Area Code & Daytime Telephon	,
	(Name o	of Contact Person)	(1	Area Code & Daytime Telephor	ne Number)
				Florida Department of State	for:
	I	\$25 Filing Fee		□ \$55 Filing Fee &	
		M		Certified Copy	
STR	EET/COUR	IER ADDRESS:		MAILING ADDI	RESS:
	stration Secti			Registration Section	on
Divis	ion of Corpo	orations		Division of Corpor	rations
	on Building			P.O. Box 6327	
2661	Executive C	enter Circle		Tallahassee, Florid	la 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

	limited liability company as		
2. This limited liab	ility company was organized	l under the laws of:	
	nment/registration number of	f this limited liability comp	oany is:
4. I, VILOU	ame of Person Resigning)	, hereby resign as a	(Print Title)
*	bility company and affirm th		
	n Makaim		
Signature of Resi	gning Member, Managing M	Member or Manager	
	\$25.00 (Required) \$30.00 (Optional)		TALLANDANY OF ST