## 40000001193

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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SECRETARY OF STATE ON ISION OF CHAPPORATION

T. HAMPTON

MAY - 4 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Auction Services Unlimited	Ed Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Alexander Mattiace	
(Contact Person)	
(Firm/Company)	
22706 Sleepybrook Lane	
(Address)	
Boca Raton,FI.33428	
(City/State and Zip Code)	<del></del>
For further information concerning this matter,	please call:
Alexander Mattiace at	561 <sub>)</sub> 271-8115
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	he 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 32301	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 ction Services Unlimi		of the Florida Department
2. This limited liab	ility company was organized	d under the laws of:	
3. The Florida doc L1000000	ument/registration number o 1193	of this limited liability com	pany is:
4. I, Alexander	Mattiace	, hereby resign as a	Managing member
(Print N	ame of Person Resigning)		(Print Title)
resignation in wr	bility company and affirm the iting.  Managing Member, Managing N	4/30/201	y has been notified of my
			NA S
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		

SECRETA ETOS STATE

BIVISION OF ESRPORATIONS

TO MAY -3 PM 2: 25

CR2E079 (5/06)