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(Re	equestor's Name)	
(Ad	dress)	
(Address)		
(Cit	ty/State/Zip/Phone i	#)
PICK-UP	☐ WAIT	MAIL
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2011 JUL -6 PH 12: 54
SECRETARY OF STATE

C. LEWIS

JUL -7 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACQ Colomic Strategies LCC
(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:

| Location | Contact Person |

For further information concerning this matter, please call:

(City/State and Zip Code)

(Name of Contact Person) at (Sb), 891-3030 (Area Code & Daytime Telephone Number)

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

\$25 Filing Fee State 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)

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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 limited liability company as it appears on the records of the Florida Department of State is:
2. This limited liability company was organized under the laws of:
3. The Florida document/registration number of this limited liability company is:
4.1, Jill H Sheffield , hereby resign as a Managing Member (Print Name of Person Resigning), hereby resign as a Managing Member
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Resigning Member, Managing Member or Manager
Congridative of Resigning Permitter, Managing Member of Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)