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FILED
SECRETARY OF STATE

J. BRYAN

DEC -4 2012

EXAMINER

COVER LETTER

11 11- Dentition

SUBJECT: MURITIO KEALTY 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:
DORYS MARTINEZ (Contact Person)
BOSINESS CONSULTING & SOLUTIONS INC. (Firm/Company)
7222 Spike Rush LAME (Address)
WINTER GARDEN FL 34787 (City/State and Zip Code)

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

DORYS MAIZTINET at (407) 656-5015
(Name of Contact Person) (Area Code & Daytime Telephone Number)

\$25 Filing Fee

For further information concerning this matter, please call:

□ \$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)

TO:

Registration Section
Division of Corporations



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		of the Florida Department
	ility company was organized		
	ment/registration number of	this limited liability comp	pany is:
4. I, <u>HAURICI</u> (Print N	D MURIIIO ame of Person Resigning)	, hereby resign as a _	MANAGER - MEMBER (Print Title)
of this limited lia resignation in wr	oility company and affirm the		
Signature of Resi Filing Fee: Certified Copy:		1ember or Manager	FILEI ZOIZ DEC -3 PH SECRETARY OF TALLAHASSEE, F
			PH 1:46 OF STATE E, FLORIDA