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Special Instructio	ns to Filing) Officer:		٠
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FILED TO JUL 20 AM II: 03 SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE

J. BRYAN

JUL 2:1 2010

EXAMINER

COVER LETTER

Division of Corporations	•		
SURJECT. Expert Consolidation N	Management I I C		
Bebulet:	mited Liability Company)		
The enclosed member, managing member of filing.	or manager resignation and fee(s) are submitted	for	
Please return all correspondence concerning	g this matter to:	-	
Carl V Hunter			
(Contact Person)	WANTED TO A STATE OF THE STATE		
Expert Consolidation Manageme	ent 👼 🗸	<u>.</u>	
(Firm/Company)	LLA	الح و	
PO Box 670516	HASS	L 20	
(Address)		-	
Coral Springs FI 33067	FLOR	10 JUL 20 AM 11: 03	
(City/State and Zip Code)		i i	
For further information concerning this matt	ter, please call:		
Carl Hunter	at (954) 6688805		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$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 a pert Consolidation M		of the Florida Department
2. This limited liab	ility company was organize rida	d under the laws of:	JUL 20 AM LANASSEE.
3. The Florida doc L10000019	ument/registration number o	of this limited liability comp	eany is:
4. I, Svetlana h	Kagan Tame of Person Resigning)	, hereby resign as a	MGR (Print Title)
	bility company and affirm th	ne limited liability company	, ,
Signature of Resi	gning Member, Managing N	Member or Manager	eman e e suar uniquiament i
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	•	