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T. HAMPTON
AUG 3. 2010
EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations		•
	·		
SUBJ	IECT: Intuitive Software LLC		
	(Name of Limited	l Liability Co	ompany)
The e	nclosed member, managing member or m	anager resi	-
Please	e return all correspondence concerning the	is matter to	;
Ales	ssandro Chiarini		
	(Contact Person)		_
Intui	tive Software LLC		_
	(Firm/Company)		
701	Brickell Avenue Suite 1550		_
	(Address)		
Miai	mi/FL 33131		
	(City/State and Zip Code)		
For fi	urther information concerning this matter,	please call	:
Ales	ssandro Chiarini a	t ( 305	371-7770
	(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclo	sed please find a check made payable to t	he Florida	Department of State for:
	\$25 Filing Fee	A	\$55 Filing Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
	stration Section		Registration Section
	ion of Corporations on Building		Division of Corporations P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
	hassee, Florida 32301		i anamasso, i fonda 5251 i

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 itive Software LLC	s it appears on the records of the Florida	Depart	ment 		
2. This limited liab	ility company was organized	d under the laws of:				
3. The Florida docu 	<del>-</del>	of this limited liability company is:				
4. I, Cubis One	•	, hereby resign as a MGRM				
(Print Name of Person Resigning)		(Print T	(Print Title)			
resignation in wr		ne limited liability company has been no	otified o	f my		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		10 AUG 30 AF	SECRETARY OF CORF		