## 110000022014

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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAR 2 8 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration section		
Division of Corporations		
SUBJECT: Diversified Coding Stra	ategies, LL0	C
	nited Liability Con	
The enclosed member, managing member o filing.	r manager resig	nation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:	
Stephanie D Jones		
(Contact Person)		-
Diversified Coding Strategies, LL	_C	
(Firm/Company)		-
3001 SW 1st Place		
(Address)		
Cape Coral, FL 33914-4599		_
(City/State and Zip Code)		
For further information concerning this matt	ter, please call:	
Stephanie D Jones	at ( 813	, 704-0728
(Name of Contact Person)	(Area Code	2) 704-0728 & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		department of State for: 55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations  Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassaa Elarida 22201		rananassee, rionda 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

	the limited liability company as Diversified Coding Strate	• •	f the Florida Department
2. This limited I	iability company was organized	under the laws of:	
3. The Florida d	ocument/registration number of 022014	this limited liability comp.	any is:
4. I. Jeanice	N. Porta	, hereby resign as a N	/lanager
· — —	nt Name of Person Resigning)	,,	(Print Title)
of this limited resignation in	liability company and affirm the writing.	e limited liability company	has been notified of my
Signature of R	Resigning Member, Managing M	lember or Manager	
Filing Fee:	\$25.00 (Required)		=

CR2E079 (5/06)

Certified Copy:

\$30.00 (Optional)

SECRETARY OF STATE STATE OF CORPORATIONS