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(D)					
(Requestor's Name)					
(Ad	ldress)				
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	s of Status			
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EXAMINER

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations			
SUBJECT: Athena Strategic Partners LLC			
(Name of Limited Liability Con	npany)		
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted	for	
Please return all correspondence concerning this matter to:			
Lisa A. Bright			
(Contact Person)	-		
(Firm/Company)	-		
1355 W. Palmetto Park Road	TALL/	2010 (
(Address) Boca Raton, FL 33486	HE WAY E	2810 OCT 19	inesis eneral eneral eneral
(City/State and Zip Code) For further information concerning this matter, please call:			in an
Lisa A. Bright at (_561	573-9917		
(Name of Contact Person) (Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$35	Department of State for: \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	nited liability company as it apna Strategic Partners L		Florida Department
2. This limited liabili the State of I	ty company was organized und Florida	der the laws of:	
3. The Florida docum L100000280	ent/registration number of this	s limited liability company i	s:
_{4. I,} Vivian L. Bro	ooks	_, hereby resign as a Man	ager
(Print Nan	ne of Person Resigning)	_,	(Print Title)
of this limited liabil resignation in writi	ity company and affirm the lin	nited liability company has	been notified of my
-llas			
Signature of Resign	ning Member, Managing Mem	ber or Manager	ZBID OCT 19 SEERE NAY
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		RY OF STATE