## L 100000 30552

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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## TRANSMITTAL LETTER

SUBJECT: SystemsOne, LLC		
(Name of Corpor DOCUMENT NUMBER: L10000030552	ration) 	
The enclosed Officer/Director Resignation for a Corporation	n and fee are submitted for filin	ıg.
Please return all correspondence concerning this matter to the	he following:	
Samuel P Martin, MD  (Name of Person)	-	
(Name of Firm/Company)	-	
1100 E. Washington St		TA B
(Address)	-	
Orlando, FL 32801	_	SESSION TO THE SESSIO
(City/State and Zip Code)		
For further information concerning this matter, please call:		AII: 15
Michael Perry (Name of Person) at (407 (Area Coo	496-2816 de & Daytime Telephone Number	

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**TO:** Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

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

- 1. The name of the limited liability company as it appears on the records of the Florida Department of State is: <u>SYSTEMSONE, LLC</u>
- 2. This limited liability company was organized under the laws of <u>FLORIDA</u>.
- 3. The Florida document/registration number of this limited liability company is: <u>L10000030552</u>
- 4. I, <u>SAMUEL P. MARTIN</u> hereby resign as a <u>Manager</u> of the Company and affirm the Company has been notified of my resignation in writing.

May 1, 2013.

Samuel P. Martin