L10000034114

| (Re | questor's Name) | | |
|---|--------------------|-----------|--|
| (Ad | dress) | | |
| (Ad | dress) | | |
| (Cit | y/State/Zip/Phone | #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Name | 9) | |
| (Do | cument Number) | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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| | | | |

Office Use Only



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ECRETARY OF STATE

N. Charges JUL - 6 2000

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Small Business Certification Sp | |
| The enclosed member, managing member or manager re filing. | |
| Please return all correspondence concerning this matter t | to: |
| Sonja R. Santana | |
| (Contact Person) | |
| Small Business Certification Specialists, L | LC |
| (Firm/Company) | |
| 9200 Tiffany Dr. | |
| (Address) | · · |
| Cutler Bay, FL 33157 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please ca | ill: |
| Sonja R. Santana at 305 | 724-1009 |
| (Name of Contact Person) (Area Co | ode & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florid \$25 Filing Fee | a Department of State for: \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | (MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314) |

CR2E079 (5/06)





FILED 10 JUL -2 PM 1:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

| | limited liability company as all Business Certificat | it appears on the records of the Florida Departmention Specialists, LLC |
|---------------------------------|--|---|
| 2. This limited liab | ility company was organized | under the laws of: |
| 3. The Florida doce L1000034 | _ | this limited liability company is: |
| 4. I, Juan C. Sa | antana Jame of Person Resigning) | hereby resign as a MGRM (Print Title) |
| • | bility company and affirm the | limited liability company has been notified of my |
| Signature of Res | igning Member, Managing M | ember or Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | |

CR2E079 (5/06)