L10000039985

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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D. BRUCE

NOV 12 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2010

DAVID FEUER 1420 PINECREST PLACE ORLANDO, FL 32803

SUBJECT: THE CONSULTANT'S EDGE, LLC

Ref. Number: L10000039985

We have received your document for THE CONSULTANT'S EDGE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 410A00025361

TO NOV 10 PM 4: 54
SLUNGTARY OF STAYE
VALLAHASSEE, FLORIDA

COVER LETTER

Registration Section

TO:

| Division of Corporations | | | | |
|--|---|--|--|--|
| SUBJECT: The Consultant's Edge, LLC | | | | |
| (Name of Limited Liability Company) | | | | |
| The enclosed member, managing member or manager resigning. | gnation and fee(s) are submitted for | | | |
| Please return all correspondence concerning this matter to | : | | | |
| Mr. David Feuer | | | | |
| (Contact Person) | | | | |
| The Consultant's Edge | TO NOV 10 | | | |
| (Firm/Company) | HASS | | | |
| 1420 Pinecrest Place | O PH C | | | |
| (Address) | 59 £ O | | | |
| Orlando, Florida 32803 | AJE A | | | |
| (City/State and Zip Code) | _ | | | |
| For further information concerning this matter, please call | : | | | |
| Mr. David Feuer at (_407 | 219-9032 | | | |
| (Name of Contact Person) (Area Code | e & Daytime Telephone Number) | | | |
| Enclosed please find a check made payable to the Florida \$25 Filing Fee | 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) | | | | |



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 e Consultant's Edge, | | of the Florida Department |
|----------------------------------|--|----------------------------|---------------------------|
| 2. This limited liab | ility company was organized | under the laws of: | |
| 3. The Florida docu L10000039 | ment/registration number of | this limited liability com | pany is: |
| 4. I, Barie L. Fe | euer ame of Person Resigning) | , hereby resign as a _ | Manager (Print Title) |
| | oility company and affirm the | e limited liability compan | • |
| Barre F | eur | | |
| Ū | gning Member, Managing M | lember or Manager | O NON 10 |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | 10 1RY SSEL |

CR2E079 (5/06)