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ACCRETARY OF STATE OF LANDSEEF, FINANCE

COVER LETTER

Division of Corporations
SUBJECT: UTIMATE TENUIS MANAGEMENT GROADLE (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
(Contact Person)
UTIMATE TPULLS MANAGMONT Group (Firm/Company)
3801 SOUTH ALT AUTIC AVE IT 120 (Address)
NCW SMYRNA BONCH E1 32169 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (407) 216 4238 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	limited liability co	mpany as it appe	ars on the records	of the Florida De	epartment-
of State is:) lTimate	TONNIS	MANAGE	medit Grows	U.C.
2. This limited liab	oility company was	organized under	the laws of:		
	ument/registration i	number of this lir	nited liability con	npany is:	
L100000 M	10516	<u> </u>		,	
4.1, Frank (Print N	COSCUTINO Name of Person Resigni		ereby resign as a	MANAGWA (Print Title)	<u>men</u> ßeR
of this limited lia resignation in wr	bility company and iting.	affirm the limite	d liability compa	ny has been notifi	ed of my
St Ca	alti				
Signature of Res	igning Member, Ma	maging Member	or Manager		
•					10 JUN 2
Filing Fee:	\$25.00 (Require	ed)		HÃ.	SE :
Certified Copy:	\$30.00 (Options	al)		が で と で で い の と に の と に り に り に り に り に り に り に り に り に り に	2
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