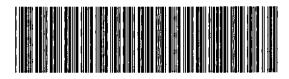
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(Requestor's Name)	_		
(Address)			
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(City/State/Zip/Phone #)	_		
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Chuty Name)			
(Document Number)			
Certified Copies Certificates of Status	-		
Special Instructions to Filing Officer:			
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ZOIZ FEB 20 AM 8: 34
SECRETARY OF STATE

C. LEWIS
FEB 2 1 2012
EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

CR2E079 (5/06)

SUBJECT: Sloane Mackenzie Public A	ffairs, LLC
	mited Liability Company)
The enclosed member, managing member of filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	g this matter to:
Timothy P. Buckley	
(Contact Person)	
Sloane Mackenzie Public Affairs, LLC	
(Firm/Company)	
7512 Dr. Phillips Blvd., Suite 50-138	
. (Address)	
Orlando, FL 32819	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Tim Buckley	at (321) 438-1888
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	to the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	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

FILED

2012 FEB 20 AM 8: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

1. The name of t	he limited liability company as	s it appears on the records of the Florida Department
of State is: Sl	oane Mackenzie Public Affa	irs, LLC
_		
	ability company was organized	d under the laws of:
State of Flo	na	
3. The Florida de	ocument/registration number o	f this limited liability company is:
L10000045	220	
Mama E. Du	and a co	Managarina Manahari
4. I, Mary E. Bu	ICKIEY t Name of Person Resigning)	, hereby resign as a Managing Member (Print Title)
	liability company and affirm th	te limited liability company has been notified of my
Mary	Bucklay	
Signature of R	esigning Member, Managing N	Member or Manager
Filing Fee:	\$25.00 (Required)	

Certified Copy: \$30.00 (Optional)