## 410000056015

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

A. LUNT

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**EXAMINER** 

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SEGRETARY OF STATE.

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: APRISE (Name of Limited	Liability Company)
The enclosed member, managing member or mafiling.	inager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Michelle Harper (Contact Person)	
APRISE (Firm/Company)	SECRETARY OF ALLAHASSEE.
339 600ECTER Dr. (Address)	OF STATE
Winter Springs, FL 3270 (City/State and Zip Code)	<u>8</u>
For further information concerning this matter,	please call:
(Name of Contact Person) at	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



## 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 li	imited liability company as it IPRISE	appears on the records	s of the Florida D	epartment 
2. This limited liabil Floride	ity company was organized u	ander the laws of:	SECRETARY FALLAHASS	TH AUG 1-5
	nent/registration number of tl 00 56015	his limited liability con	(7)	
4. I, LEE W	SCIARINI ne of Person Resigning)	, hereby resign as a	MANAGER (Print Title,	<del>)</del>
resignation in writi	lity company and affirm the lang.  ning Member, Managing Member		ny has been notif	ied of my
Filing Fee:	\$25.00 (Required)			

Certified Copy:

\$30.00 (Optional)