## L1000062093

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(Requestor's Name)
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## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section Division of Corporations	·
SUBJECT: INDIGO HILL CONSULTING (Name of Limited Liabil)	
(Name of Limited Liabil	ny Company)
The enclosed member, managing member or manager filing.	r resignation and fee(s) are submitted for
Please return all correspondence concerning this matt	er to:
COLLEEN KRAMM	
(Contact Person)	
N/A	•
(Firm/Company)	
2217 E WOODLAWN STREET	
. (Address)	
ALLENTOWN, PA 18109	
(City/State and Zip Code)	•
For further information concerning this matter, please	call:
COLLEEN KRAMM at ( 6	10 , 844-4038
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	rida 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	



FILED 12 APR 23 PM 1:58 SECRETARY OF STATE TALEAHASSEE, FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as DIGO HILL CONSULT		of the Florida Department
2. This limited lial FLORIDA	pility company was organized	l under the laws of:	
3. The Florida doc <b>L1000006</b>	ument/registration number of	f this limited liability com	npany is:
4. I, COLLEEN	I KRAMM Name of Person Resigning)	, hereby resign as a	MANAGING MEMBER
•	bility company and affirm th	e limited liability compar	•
Calle	M		
Signature of Res	igning Member, Managing M	lember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		