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T. CLINE

JUL 10 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DOCUPRO (Name of Limited)	LC	
(Name of Limited)	Liability Company)	
The enclosed member, managing member or manifiling.	nager resignation and fee(s) are submitted for	
Please return all correspondence concerning this	matter to:	
ENTE SMITIT		
(Contact Person)	·	
		
(Firm/Company)		
12628 finyANIC ST		
(Address) SAN ANTUNIU, FL (City/State and Zip Code)	SECRETARY OF STATE ALLAHASSEE, FLORIDA lease call: 362 467-0170	
(City/State and Zip Code)	ARY SSE	
For further information concerning this matter, p	HASSEE FLOO	
For further information concerning this matter, p (Name of Contact Person) (Chystate and Zip Code) at (Chystate and Zip Code)	352 467-0170 EM 3	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$25 Filing Fee		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahaceae Florida 22201		

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 DOCUPKO LL	it appears on the records of the Florida Department
	ility company was organized	under the laws of:
3. The Florida door	ument/registration number of	this limited liability company is:
		, hereby resign as a MANAGING MEMBER (Print Title)
resignation in wr	iting.	e limited liability company has been notified of my
Signature of Resi	igning Member, Managing M	Iember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	2012 JL -9 SECRETARY TALLAHASSEE
••.	. ,	THE RESERVE TO
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CR2E079 (5/06)