"L10000066683

(Requestor's Name)			
•			
(Address)			
(Address)			
. (City	/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
•			
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to F	iling Officer:	····	
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C. LEWIS NOV 1 6 2010 EXAMINER

COVER LETTER

_	sistration Section ision of Corporations	
SUBJECT	: Geometrix of Tampa, LLC (Name of Limited Liability Company)	Company)
The enclose filing.	ed member, managing member or manager res	signation and fee(s) are submitted for
Please retu	rn all correspondence concerning this matter to	o:
Walter J	I. Stanton III	<u></u> ·
	(Contact Person)	
Carney	Stanton P.A.	
	(Firm/Company)	
4000 Pc	once de Leon Boulevard, Suite 470	<u>) </u>
Coral G	ables, FL 33146	
For further	(City/State and Zip Code) information concerning this matter, please cal	II:
Walter J	Stanton III at (305	777-0261
(de & Daytime Telephone Number)
Enclosed p	lease find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
Registration Division of Clifton Bui 2661 Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FILED

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CEUNLANASSEE, FLORIDA

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 i pmetrix of Tampa, LLC	t appears on the records of the Florida Department
2. This limited liabi	lity company was organized	under the laws of:
3. The Florida docu L1000066	•	this limited liability company is:
4. I, Andrea Di Giuseppe (Print Name of Person Resigning)		, hereby resign as a Member/Manager (Print Title)
of this limited liab resignation in wri	ility company and affirm the	limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (5/06)