## L10000092159

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Do	cument Number)			
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L. SELLERS				
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EXAMINER				

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Bizpointe Solutions, LLC (Name of Limited Liability Co	mpany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Marisha C. Kelly (Contact Person)	_
(Firm/Company)	<b>-</b> .
19721 NW 47 AVENUC (Address)	· 
Miami Gardens, FL 330SS (City/State and Zip Code)	_
For further information concerning this matter, please call:	
Marisha C. Kelly at (305 (Name of Contact Person) (Area Code	301-7692 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	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 32322

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company	y as it appears on the records of tons, LLC	he Florida Department
2. This limited liabi	lity company was organi Floricla	ized under the laws of:	
3. The Florida docu	•	er of this limited liability compar	ny is:
of this limited liab resignation in wri	oility company and affirm	, hereby resign as a n the limited liability company has a general company h	
	\$25.00 (Required) \$30.00 (Optional)		