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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

## SUBJECT: For The Cause Investigative Services, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

# Cheryl A. Gallagher (Contact Person) For The Cause Investigative Services, LLC (Firm/Company) 2645 Belvoir Blvd (Address) Sarasota, FL 34237

For further information concerning this matter, please call:

(City/State and Zip Code)

Cheryl A. Gallagher	at (941 ) 780-1802	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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SLOKETAKE OF STATE
TALLAHASSEE, 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 The Cause Investigativ		of the Florida Department
2. This limited liab Flroida	ility company was organized	under the laws of:	
3. The Florida docu L100000887	ument/registration number of	this limited liability con	npany is:
4. I, Cheryl A. G	allagher	, hereby resign as a	Manager Memeber
(Print N	ame of Person Resigning)		(Print Title)
of this limited lia	bility company and affirm the	limited liability compa	ny has been notified of my
resignation in wr	Mallogh	) <u>U</u>	
Signature of Res	gning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		