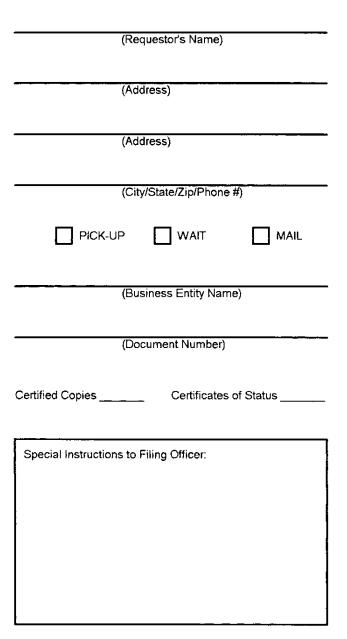
## 110000099367







900251259999

09/16/13--01058--003 \*\*55.00

2013 SEP 17 PR 4: 59

B. BOSTICK

SEP 18 2013

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Virtual Tech Sup (Name of Limited	pont Team LLC Liability Company)
The enclosed member, managing member or mafiling.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
DENISE LEHELY (Contact Person)	
(Firm/Company)	
3404 Colfvier Blud (Address)	TALL.
Onlando, FC 32804 (City/State and Zip Code)	SECRE LARY OF ALLAHASSEL FLORID
For further information concerning this matter, p	olease call:
Denise Le Hen, at (Name of Contact Person)	(Yor ) 928 - 0015 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th  □ \$25 Filing Fee	se Florida Department of State for:  \$\forall \forall \\$ \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the l	imited liability company as it appears of	on the records of	of the Flor	ida Dep	artme	nt 
	ity company was organized under the l	laws of:		TALLAHASSE	2013 SEP 17	#1 #245 #1 22 #2 #2
4.1, DENISE	ment/registration number of this limited on 99367.  Letter here of Person Resistance.		MGI	(E) (E) (E) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	PH 4: 59	
•	ility company and affirm the limited lia		(* * * *		d of m	У
Signature of Resig	ning Member, Managing Member or M	Manager				
Filing Fee:	\$25.00 (Required)					
Certified Copy:	\$30.00 (Optional)					