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| (Re | questor's Name) | . | | |
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| (Ad | dress) | · | | |
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| (Cit | ty/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Na | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate: | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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| | Office Use Or | nly | | |

B. KOHR

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EXAMINER



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07/27/12--01007--005 **25.00



COVER LETTER

| TO: Registration Section | |
|--|--|
| Division of Corporations | |
| SUBJECT: Data Monetizers LLC | |
| (Name of Lir | nited Liability Company) |
| The enclosed member, managing member of filing. | r manager resignation and fee(s) are submitted |
| Please return all correspondence concerning | g this matter to: |
| Patrick Ferlazzo | |
| (Contact Person) | |
| Ad Qualify Inc | |
| (Firm/Company) | |
| 4654 SR 64 East #153 | |
| (Address) | |
| Bradenton, FL 34208 | |
| (City/State and Zip Code) | |
| For further information concerning this mat | ter, please call: |
| Patrick Ferlazzo | at (646) 270-0255 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable √ \$25 Filing Fee | to the Florida Department of State for: \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: Registration Section | MAILING ADDRESS: Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |

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 | it appears on the records of | of the Florida Department |
|--|------------------------------------|------------------------------|---------------------------|
| of State is: Date | a Monetizers LLC | | · |
| • | | | |
| 2. This limited liabi | lity company was organized | under the laws of: | |
| 3. The Florida docu L10000107 | ment/registration number of | this limited liability comp | pany is: |
| <u> </u> | | · | |
| 4. I, Wam It LLC | C | , hereby resign as a _ | MGRM |
| (Print Name of Person Resigning) | | | (Print Title) |
| of this limited liab resignation in wri | oility company and affirm th ting. | e limited liability company | y has been notified of my |
| 1 | | Mank, lugar is | TUC |
| Signature of Resignation | gning Membot, Managing M | lember or Manager | |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |