L10000121188

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
,				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800237199438

07/09/12--01022--014 **55.00

FILED
12 JUL -9 PH 4: 21
SECHLIANY OF STATE
SECHLIANSSEE, FLORIDA

C. LEWIS

10 2012

EXAMINER

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Horizon Technology Group	, LLC
(Name of Li	mited Liability Company)
The enclosed member, managing member of filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concernin	ng this matter to:
Bridgette Alvarez	
(Contact Person)	
(Firm/Company)	
300 South Aragon Avenue, Suite 375	
(Address)	·
Coral Gables, FL 33134	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Bridgette Alvarez	at (305) 6686449
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	e to the Florida Department of State for: \$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



FILED

12 JUL -9 PM 4: 21

SECRETARY OF STATE
FALLAHASSEE, 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 a zon Technology Group, I	as it appears on the records	of the Florida Department
2. This limited liab	ility company was organize	ed under the laws of:	
3. The Florida doct L1000012118	-	of this limited liability com	pany is:
4. I, Carlos Belloso (Print Name of Person Resigning)		, hereby resign as a _	Manager (Print Title)
	bility company and affirm	the limited liability compan	y has been notified of my
Signature of Res	igning Member, Managing	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		