## 110000121569

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Доси	ıment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
-		

Office Use Only



100236591121

06/20/12--01011--021 \*\*50.00

SEGRETARY OF STATE.
TARROWN ASSECT FLURID.

T. CLINE
JUN 2 1 2012

**EXAMINER** 

## **COVER LETTER**

Division of Corporations		
SUBJECT: MDQK Enterp	orises, LLC d/b/a Marketle ted Liability Company) Solution	ad 5
The enclosed member, managing member or n filing.	manager resignation and fee(s) are submitted for	
Please return all correspondence concerning the MOISHCE JONES. (Contact Person)	Only matters  Conterning.  My resignati	
(Firm/Company)	My resignati	'07
Miranar FL 3	er, please call:  at (80) 659-9034  (Area Code & Daytime Telephone Number)  the Florida Department of State for:  \$55 Filing Fee &	
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 32314	

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

1 The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	ADQK Enterprises LLC
(	d/b/a Marketlead Solutions
2. This limited liab	ility company was organized under the laws of:
	SE O
3. The Florida doc	ument/registration number of this limited liability company is:
4. I,	Shee Jones , hereby resign as a Menther Managing (Print File) Menhaging
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
~//h	
Signature of Res	gning Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)