L1100000 259Y

(Re	questor's Name)				
(Ad	dress)	· <u>-</u>			
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



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04/16/12--01018--010 **25.00

12 APR 16 AMII: 37

APR 17 2012 T. HAMPTON

COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUB.	JECT: Welventure LLC		
		Limited Liability C	Company)
The e		r or manager res	ignation and fee(s) are submitted fo
Pleas	e return all correspondence concern	ing this matter to	o: .
Ash	ley Speck		
	(Contact Person)		
Wel	venture LLC		
	(Firm/Company)		
220	2 N West Shore Boulevard	STE 200	•
	(Address)		· · · · · · · · · · · · · · · · · · ·
Tan	npa FL. 33607		
	(City/State and Zip Code)		
For fi	urther information concerning this n	natter, please cal	1:
Rich	nard Brothers	at (603	998-0993
	(Name of Contact Person)	(Area Coo	de & Daytime Telephone Number)
Enclo	osed please find a check made payat	ole to the Florida	Department of State for:
	 √ \$25 Filing Fee		\$55 Filing Fee &
	<u>. </u>		Certified Copy
STRI	EET/COURIER ADDRESS:		MAILING ADDRESS:
Regis	stration Section		Registration Section
Divis	ion of Corporations		Division of Corporations
Clifto	on Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
Tallal	hassee, Florida 32301		1

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	the limited liability company as Velventure LLC	it appears on the record	s of the Florida De	eparti	ment
	iability company was organized e of Florida	under the laws of:			
3. The Florida d L110000	ocument/registration number of 02594	this limited liability cor	mpany is:		
4. I, Richard	S. Brothers	, hereby resign as a	Manager		
	nt Name of Person Resigning)		(Print Title))	
resignation in	liability company and affirm the writing. esigning Member, Managing Member, M		ny has been notifi	ied of	f my
Filing Fee:	\$25.00 (Required)			12 AF	DIVISIO

32 APR 16 AMIL: 37

Certified Copy:

\$30.00 (Optional)