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D. BRUCE

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Polaris Business Strategies

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

#### Doug Rutledge

(Contact Person)

### Polaris Business Strategies

(Firm/Company)

2024 Carlton Drive

(Address)

Orlando, FL 32806

(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Blanchard

,407 \ 5098<sub>1</sub>

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

□ \$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

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it a ris Business Strategies, I	ppears on the records of the Florid	a Departi	ment
2. This limited liabili Florida	ty company was organized und	der the laws of: 	STORE DAY OF	Md 81 AON EIR
3. The Florida docum	nent/registration number of this	s limited liability company is:	LORIDA	1:33
4. I, Brian Blanchard, hereby resign as a Principal MGOM (Print Title)  of this limited liability company and affirm the limited liability company has been notified of management on in writing.				
resignation in writing	ning Member, Managing Mem	ber or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			