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## **COVER LETTER**

	tration Sec							
DIVISI	ion of Corp	orations						
SUBJECT:	Aspire	Technical Pro					·	
		(Name of	Limited L	iability Cor	mpany)			
The enclosed filing.	member, 1	nanaging membe	r or man	ager resig	gnation and	fee(s) are sub	mitted fo	or
Please return	all corresp	ondence concern	ing this i	matter to:				
Pamela J	ones				_			
	((	Contact Person)						
Aspire Te	chnical	Professional	s, LLC		_			
	(F	'irm/Company)						
6273 Mag	nolia S <sub>ا</sub>	orings Lane			_			
		(Address)						
Jacksonvi	ille, FL 3	32258						<u> </u>
	(City/	State and Zip Code)					3-17	
For further in	formation	concerning this n	natter, pl	ease call:			3.3°	<del>(3)</del>
Pamela Jo			at (_	904	886-28			
(Na	ame of Cont	act Person)	(4	Area Code	& Daytime	Telephone Nur	nber)	Ç.J.
Enclosed plea	ase find a c	heck made payat iling Fee	ole to the	Florida I	Department \$55 Filing F Certified	ee &		
STREET/CO	OURIER A	ADDRESS:			MAILING	G ADDRESS	:	
Registration S					Registratio			
Division of C		S				f Corporation	S	
Clifton Buildi	_				P.O. Box 6			
2661 Executiv					Tallahasse	e, Florida 323	314	
Tallahassee, I	riorida 32.	100						

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 re Technical Profession	• •	of the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doc: L11000012	ument/registration number of 2479	this limited liability com	npany is:
4. I, Michelle H	artman Tame of Person Resigning)	, hereby resign as a	Manager / Member
	bility company and affirm the	e limited liability compar	•
Signature of Resi	gning Member, Managing M	ember or Manager	ZOH FEB 15
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		