## L11000017839

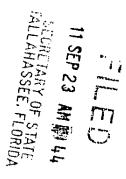
(1	Requestor's Name)				
(Address)					
(/	Address)				
((	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(1	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of t	Status			
Special Instructions to Filing Officer:					
<u> </u>					

Office Use Only



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09/23/11--01010--021 \*\*25.00



D. BRUCE

SEP 26 2011

**EXAMINER** 



September 13, 2011

RODNEY GABRIEL 8043 LAKEPOINTE COURT PLANTATION, FL 33322

SUBJECT: ALL POINTS MARKETING LLC

Ref. Number: L11000017839

We have received your document for ALL POINTS MARKETING LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 311A00021175



## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: All Point Marketing LLC (Name of Limited Liability Company)	L
The enclosed member, managing member or manager resignation and fee(s) are submit filing.	ted for
Please return all correspondence concerning this matter to:	
Rodney Gabeie	
All Points Marketing LLC. (Firm/Company)	%EG =
8043 Lakepointe CRt (Address)	SEP 23 AHASSEE
Plantation FC 38328 (City/State and Zip Code)	OF STATE
For further information concerning this matter please call:	>
Rodney Gabriel at (954) 325-7016  (Name of Contact Person) (Area Code & Daytime Telephone Number	er)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 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	·



## 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 lin of State is:		y as it appears on the record S Marketing	ls of the Florid	da Department
<b>~</b> '	ty company was organ	ized under the laws of:		
	nent/registration number	er of this limited liability co 39	mpany is:	·
Q1, CPrint Nam	DE TO	hereby resign as a	a MG (Print	RM Title)
of this limited liabil resignation in writing		n the limited liability compa	any has been t	notified of my
Signature of Resign	ing Member, Managin	☐ Ø g Member or Manager		
. ,				TI.
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			SEP 23