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ZOLLOCT 17 MICHALLA SECHETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Inside Out - Consult (Name of Limited Liability Co.	Design, Construct, Lu
The enclosed member, managing member or manager resigniling.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Julie Eakin	_
(Contact Person)	
Insideout	
(Firm/Company)	- 20
89210 Overseas Hwy (Address)	
(Address)	SSEE IN
Tavernier FL 33070 (City/State and Zip/Code)	PILED ZULI OCT 17 MID 14. SEUTETIAR YOF STATE INLLAHASSEE. FLORIDA
For further information concerning this matter, please call:	NID P
Julie Eakin at (305	852-3999
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$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

		s it appears on the records of the with Design, Const	-	
_	ility company was organize		2011 OCT 17 SECRETARY TALLAHASSE	<u> </u>
	ument/registration number o	of this limited liability company	I7 AND	LED
4. I, <u>Dea</u>	M EAKIN Jame of Person Resigning)	, hereby resign as a	M GFR MF (Print Title)	
of this limited lia resignation in we	bility company and affirm the	he limited liability company ha	is been notified of i	my
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)			