

* (Pa	questor's Name)	
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(A.)	<u>-</u>	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECREPARY OF SIALS

B. BOSTICK
OCT 2 2 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Total Compliance Service	es, LLC Liability Company)
(rume or Diffice	Enabling Company)
The enclosed member, managing member or ma filing.	inager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Ina Esquivel-Konieczny	
(Contact Person)	
Total Compliance Services, LLC	75E 72
(Firm/Company)	ALL AND
6951 SW 8th Street	5
(Address)	
Plantation, FL 33317	5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(City/State and Zip Code)	J.**
For further information concerning this matter,	please call:
Ina Esquivel-Konieczny at	767-4368
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the state of	ne Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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

on the records of the Florida Department
aws of: 20119
l liability company is:
y resign as a Managing Member (Print Title)
bility company has been notified of my
1anager