L1/1000 43532

(Re	questor's Name)	
- (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	····
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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EXAMINER



600235454076

05/29/12--01041--011 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Pieces Fit Interventions	
(Name of Limited Lia	bility Company)
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted
Please return all correspondence concerning this m	atter to:
Kimberly Hull	
(Contact Person)	
(Firm/Company)	
4722 Falling Acorn Circle	
(Address)	
Lake Mary, Florida 32746	
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Kimberly Hull	407) 335-9786
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the l	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 MANAGERS FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

The name of the limited liability company as it ap of State is: The Pieces Fit Interventions	•
2. This limited liability company was organized und Florida	der the laws of:
3. The Florida document/registration number of this L11000043532	s limited liability company is:
4. I., Kimberly Hull (Print Name of Person Resigning)	_, hereby resign as a Managing Member (Print Title)
of this limited liability company and affirm the lir resignation in writing.	nited liability company has been notified of my
Tim ten ty & Huse	
Signature of Resigning Member, Managing Mem	ber or Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: