

L110000060737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

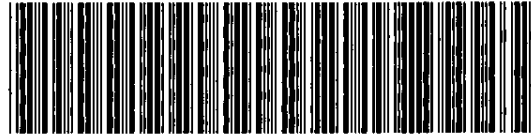
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

DEC 28 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELACRUZ-MARTINEZ ENTERPRISES LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jacqueline Sandoval

(Contact Person)

Services Unlimited Servicios Ilimitados

(Firm/Company)

29399 US Hwy 19N Suite 230

(Address)

Clearwater, Fl 33761

(City/State and Zip Code)

For further information concerning this matter, please call:

Jacqueline Sandoval

(Name of Contact Person)

at (727) 645-2856

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 limited liability company as it appears on the records of the Florida Department of State is: DELACRUZ-MARTINEZ ENTERPRISES LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L11000060737

4. I, RUBEN MARTINEZ, hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Ruben Martinez
Signature of Resigning Member, Managing Member or Manager

Filing Fee: red)
Certified Copy: al)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA