L12000071712

(Requestor's Name)	_	
(Address)		
(Address)		
(City/State/Zip/Phone #)	_	
PICK-UP WAIT MAIL		
(Business Entity Name)	_	
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



600240223076

10/03/12--01008--023 **25.00

12 OCT -3 AMII: 24

OCT = 4 2012 T. MACAPTEN

COVER LETTER

TO: Registration Section Division of Corporations	
3G FINGERPRINTING, L	I.C.
SUBJECT: (Name of Limit	ed Liability Company)
The enclosed member, managing member or r filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning the	his matter to:
Wayne F. Richardson CPA	
(Contact Person)	
Act Accounting & Tax Inc.	
(Firm/Company)	
13746 N. Nebraska Avenue	
(Address)	
Tampa, FL 33613	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Wayne F. Richardson (Name of Contact Person)	at (813) 374-2409 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for: \$55 Filing Fee &
\$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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

appears on the records	of the Florida Department
nder the laws of: 	
is limited liability com	pany is:
, hereby resign as a _	Managing Member
imited liability compan	ny has been notified of my
	is limited liability com , hereby resign as a

\$25.00 (Required) \$30.00 (Optional)

CR2E079 (5/06)

Filing Fee: Certified Copy:

12 OCT -3 AMII: 24