L11000078870

(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:			

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LLC mm/Res

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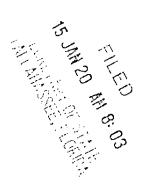
COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BWALKER CONSULTING	.=.	
(Name of Limi	ted Liability Con	npany)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning to	this matter to:	
BURRIS A WALKER		
(Contact Person)	19 0 A - Corp. (1981)	-
BWALKER CONSULTING LLC		
(Firm/Company)		-
2524 TYBEE ROAD		
(Address)		_
SAINT CLOUD, FL 34769		
(City/State and Zip Code)		-
For further information concerning this matter	er, please call:	
BURRIS WALKER	917 at (379-7380
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Pepartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301		rananassee, Pionua 32314

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as	it appears on the records of the Florida Department	
of State is:	ALKER CONSULTING LLC	<u> </u>	
2. The Florida docu	ıment/registration number as	signed to this limited liability company is:	
L1100007887	0		
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is:	
4. I, JACQUELINE B. WALKER (Print Name of Person Resigning)		, hereby withdraw/resign as a	
(Print N	ame of Person Resigning)		
MANAGER			
	(Print Title)		
resignation in wr	• •	e limited liability company has been notified of my	
Sygnature of Di	issociating inclined of Resign		
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		