

11000079565

(Requestor's Nam	e)				
(Address)					
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SECRETARY OF STATE TALLEHASSEE, FLORIDA

COVER LETTER

то:	_	stration Section tion of Corporations					
SUBJ	· · · · · · · · · · · · · · · · · · ·						
(Name of Limited Liability Company)							
The enfiling.	nclosed	I member, managing member or manager r	esignat	tion and fee(s) are submitted for			
Please	return	all correspondence concerning this matter	to:				
CAR	RMEN	I RIVERA					
		(Contact Person)					
LIGH	ITHC	OUSE SOLUTIONS GROUP, LL	<u>.C</u>				
		(Firm/Company)					
1094	I PLA	AZA DRIVE					
•	٠ ٠.	(Address)					
KISS	ŠÍMM	EE, FL 34743		og Satisfacione de			
		(City/State and Zip Code)		,			
For fu	rther ir	nformation concerning this matter, please c	all:	,			
CAR	MEN	I RIVERA at (321	٠, (663-8538			
	(N		ode & I	Daytime Telephone Number)			
Enclos	sed ple	ase find a check made payable to the Floric					
		\$25 Filing Fee		Filing Fee &			
		•	`	Certified Copy			
		OURIER ADDRESS:		AILING ADDRESS:			
		Section Corporations		egistration Section vision of Corporations			
Clifton		•		O. Box 6327			
2661 E	Executi	ve Center Circle Florida 32301		Illahassee, Florida 32314			



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as		
2. This limited liab	ility company was organized	l under the laws of:	
3. The Florida doc <u>L11000079</u>	ument/registration number of	f this limited liability con	mpany is:
	MONSERRATE	, hereby resign as a	MEMBER
•	<i>ame of Person Resigning)</i> bility company and affirm th		(Print Litle)
Signature of Res	gning Member, Managing M	lember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		12 FEB 2 SECRETAL TALLAHAS