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EXAMINER

SECRETARY OF STATE DIVISION OF CORPORATIONS

#### **COVER LETTER**

Division of Corporations	•
SUBJECT: ///OVATION MARKETIN	IG SOLUTIONS, LLC. ty Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	er to:
JOHN PAUL OLIVA (Contact Person)	
MMOVATION MARKETING S (Firm/Company)	SOLUTIONS. LLS
1731 HWY 120 (Address)	
BIG ROCK, TN 37023 (City/State and Zip Code)	<del></del>
For further information concerning this matter, please	call:
JOHN PAUL OLIVA at (93 (Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor \$25 Filing Fee	rida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# OUSTON OF COROSCATIONS

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

1. The name of the I	limited liability company as it appears on the records of the Florida Department	
of State is: ///	MOVATION MARKETING SOLUTIONS, LLC	
2 This limited liabil	lity company was organized under the laws of:	
FLORIDA		
L 11 000	menoregistration number of this limited liability company is:	
45-2855		
4. I, JOHN PA	AUL OUVA , hereby resign as a OPERATING MANAGER (Print Title)	<u>`</u>
•	ility company and affirm the limited liability company has been notified of my	
Colonta	au Olaia	
Signature of Resig	gning Member, Managing Member or Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	