L 11000084588

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
ł					

Office Use Only

B. KOHR

AUG 2 9 2011

EXAMINER



100211092761

08/25/11--01016--011 **25.00

11 AUG 25 AM 7: 57

RETARY OF STATE
ON OF CORPORATION

COVER LETTER

Division of Corporations	2
SUBJECT: EXETIME, LLC	
(Name of Li	mited Liability Company)
The enclosed member, managing member of filing.	or manager resignation and fee(s) are submitted.
Please return all correspondence concernin	g this matter to:
ALVARO CASTILLO	
(Contact Person)	
ALVARO CASTILLO B. P.A.	
(Firm/Company)	
1390 BRICKELL AVENUE SUI	TE 200
(Address)	
MIAMI FLORIDA 33131	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
ALVARO CASTILLO	at (305371-5540
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	e to the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
<u>. </u>	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



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 ETIME, LLC	it appears on t	the records	of the Florid	la Depa	artment
2. This limited liab	ility company was organized	under the law				
3. The Florida doc L11000084	ument/registration number of	this limited li	•	npaný is:		
	BLO D'ALESSANDRO Jume of Person Resigning)), hereby r	resign as a	MANAGE (Print	ER Title)	•
of this limited lia resignation in wr	bility company and affirm th	e limited liabil	ity compai	ny has been n	otified	l of my
Signature of Resi	gning Member, Managing M	lember or Mar	nager		· ,	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				W.	

CR2E079 (5/06)