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SECRETARY OF STATE: ALLAHASSEE, FLORID*I*

> K. SALY EXAMINER MAY - 9 2013

COVER LETTER

SUBJECT: WILLIAM A. BECKER CONSULTING, LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
WILLIAM A. BECKER (Contact Person)
WILLIAM A. BECKER LONSULTING, LLC (Firm/Company)
103400 OVERSEAS HWY - STE. 277 (Address)
KEY LARGO FL 33037 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sim \frac{1}{2}\$\$ \$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)

TO:

Registration Section
Division of Corporations

FILED

13 MAY -7 AM II: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the I	imited liability company as mappears on the records of the Florida Department Silliam A Decker Consulting C
	lity company was organized under the laws of:
	ment/registration number of this limited liability company is:
	A tector, hereby resign as a Managing Member ame of Person Resigning) Resigning Agent oility company and affirm the limited liability company has been notified of my ting.
Signature of Resi	Greaten gning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)

CR2E079 (5/06)