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SECRETARY OF STATE
TALLARY SEE, FLORID

C. LEWIS

AUG 2 9 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
ADVISORS NETWORK	OF AMERICA L.L.C.
SUBJECT: (Name of Limited	d Liability Company)
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
STEFAN MENENDEZ	
(Contact Person)	
ADVISORS NETWORK OF AMERIC	CA CONTRACTOR
(Firm/Company)	
8370 WEST FLAGLER ST. SUITE 2	248
(Address)	
MIAMI, FL 33144	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
STEFAN MENENDEZ a (Name of Contact Person)	t (<u>305</u>) <u>310-5777</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the state of \$25 Filing Fee	the Florida Department of State for: \$55 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)



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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 ADV of State is:	imited liability company as ISORS NETWORK	it appears on the records OF AMERICA L.L.	of the Florida Department C.
2. This limited liabil FLORIDA	ity company was organized	l under the laws of:	
3. The Florida docum L1100012074	ment/registration number of	this limited liability com	npany is:
(Print Na	M MENENDEZ me of Person Resigning) ility company and affirm the ing.		(Print Title)
	Jenes Ly ming Member, Managing M	9/24/8612 1ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		