## L10000135298

(Requestor's Name)				
· (Address)				
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
JAN 1, 7 2013				
L. SELLERS				

Office Use Only



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ALL ARABITETES STATE.

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Asura Services, L	LC ted Liability Company)			
(Name of Linit	ted Liability Company)			
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for			
Please return all correspondence concerning t	his matter to:			
Susan Houser				
(Contact Person)				
Asura Services, LLC				
(Firm/Company)	<del></del>			
1333 Andes Drive				
(Address)				
Winter Spring, FL 32708				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Susan Houser	850 612-6360			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to □ \$25 Filing Fee	the Florida Department of State for:  \$\begin{align*} \begin{align*} \text{\$\text{\$\text{\$}}\$ \$\text{\$\text{\$}}\$ \$\text{\$\text{\$\$}}\$ \$\text{\$\text{\$}}\$ \$\text{\$\text{\$\$}}\$ \$\text{\$\text{\$\$}}\$ \$\text{\$\text{\$\$}}\$ \$			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



November 8, 2012

SUSAN HOUSER 5608 PINNACLE HEIGHTS CIRCLE, APT. 101 TAMPA, FL 33624

SUBJECT: ASURA SERVICES, LLC

Ref. Number: L11000135298

We have received your document for ASURA SERVICES, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers Regulatory Specialist II

Letter Number: 612A00027208



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as ra Service, LLC.	it appears on the records of	the Florida Department		
2. This limited liabi Florida State	lity company was organized	l under the laws of:			
3. The Florida docu L110001352	<u> </u>	f this limited liability compar	ny is:		
4. I, Susan Houser (Print Name of Person Resigning)		, hereby resign as a MC	, hereby resign as a MGMR (Print Title)		
of this limited liab resignation in writ	• •	e limited liability company h	has been notified of my		
Signature of Resig	rning Member, Managing M	1ember or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TALLAHA		

CR2E079 (5/06)