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| (Re | questor's Name |) | | |
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| (Cit | y/State/Zip/Phor | ne #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Na | ime) | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--------------------------------|
| SUBJECT: 2 Point O Concepts, LLC (Name of Limited Liability Company) | |
| The enclosed member, managing member or manager resignation and fee(s) ar filing. | re submitted for |
| Please return all correspondence concerning this matter to: Jhson Mhuel (Contact Person) | |
| (Firm/Company) 737 Eastwind Circle (Address) | 2013 AUG -1 |
| City/State and Zip Code) For further information concerning this matter, please call: | THE -1 PH 3 01 ANASSEELFLORISA |
| (Name of Contact Person) at (115) 140-2425 (Area Code & Daytime Telephone | ne Number) |
| Enclosed please find a check made payable to the Florida Department of State \$25 \text{ Filing Fee & Certified Copy} | for: |

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)



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 it Point D Concepts | | f the Florida De | partment | |
|--|---|--------------------------------|--|---------------|-------|
| 2. This limited liabi | lity company was organized u | | E CONTROL OF THE CONT | 2813 4116 - 1 | 170 |
| | ment/registration number of th | nis limited liability comp | any is: | | ۳ |
| 4. I, JASO (Print No. | M Raphael ume of Person Resigning) | , hereby resign as a | MUNICO (Print Title) | <u>v</u> | |
| of this limited liab resignation in wri | oility company and affirm the l | imited liability company | has been notifie | ed of my | |
| Signature of Resignature | Son Japhoel gning Member, Managing Men | mber or Manager | | | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | | |



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 it a | | e Florida Department |
|--|--|---------------------------------|--------------------------|
| of State is: | point O Concepts | · LLC | |
| | vility company was organized un | der the laws of: | ZOTO ALUG - 1 P |
| ; | ument/registration number of thi 0142799 | s limited liability company | ris: GRA W |
| 4. I, JASO (Print N | ON Ruphael Jame of Person Resigning) | _, hereby resign as a/ | NÜNNAVV (Print Tiste) |
| of this limited lial resignation in wr | bility company and affirm the lin | nited liability company has | s been notified of my |
| | son Pophael | | |
| Signature of Resi | gning Member, Managing Mem | ber or Manager | |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |