#1.1200000390

(Requestor's Name)	- 			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT M	AIL			
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(Document Number)				
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K.SALY EXAMINER AUG 22 2012

COVER LETTER

TO: Registrati	on Section		
Division (of Corporations		
SUBJECT: Le	gal Network Services	s, LLC.	
	(Name of Limit	ed Liability Com	pany)
The enclosed me filing.	mber, managing member or	manager resig	nation and fee(s) are submitted for
Please return all	correspondence concerning t	his matter to:	
Rosy Aponte	e ,		
-	(Contact Person)		
Legal Netwo	rk Services, LLC.		
	(Firm/Company)		
3723 SW 60	PL '		
,	(Address)		·· •
Miami, FL 33			
	(City/State and Zip Code)		
For further information	mation concerning this matte	r, please call:	
Rosy Aponte	· •	at (305	753-9600
(Name	of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please	find a check made payable to]\$25 Filing Fee	the Florida D	Department of State for: 155 Filing Fee & Certified Copy
STREET/COUI Registration Sect Division of Corp Clifton Building			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive			Tallahassee, Florida 32314

CR2E079 (5/06)



FILED' .

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SLUNLIAKT 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

	limited liability company as igal Network Services,		of the Florida Department
2. This limited liab	oility company was organized	under the laws of:	
3. The Florida doc L1200000	ument/registration number of	this limited liability con	npany is:
_{4. I,} Rosy A. A	ponte	, hereby resign as a	Title Mgrm
(Print 1	Name of Person Resigning)		(Print Title)
of this limited lia resignation in w	bility company and affirm the riting.	limited liability compa	ny has been notified of my
Ra	12-		
Signature of Res	ighing Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Ontional)		