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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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REMETARY OF STATE
INLLAMASSEE, FLORIDA

G. MCLEOD FEB 1 7 2012 EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: 14 H Consulting Services 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:
Gil Osterlon (Contact Person)
Gil Osterlon (Contact Person) Beverage Law Professionals (Firm/Company)
(Address)
Destir R 32550 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (850) 259-3541 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



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 limited liability company as it ap of State is: \(\frac{1}{2} + H \) Consulting Se	· -
2. This limited liability company was organized und	ler the laws of:
3. The Florida document/registration number of this EIV 井 61-167 5006	s limited liability company is:
4. I, immy +a 8 Sere (Print Name of Person Resigning)	, hereby resign as a Managing mounder (Print Title)
of this limited liability company and affirm the lin resignation in writing.	
Signature of Resigning Member, Managing Member	per or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	

CR2E079 (5/06)