

L12000028725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 26 2012

EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 25 PM 3:52

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOUNTAIN MARKETING CONSULTANTS, 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:

ALEX PATE

(Contact Person)

(Firm/Company)

6860 GULFPORT BLVD. SUITE 231

(Address)

SOUTH PASADENA FL 33707

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEX PATE

(Name of Contact Person)

at (_____) _____

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 25 PM 3:52



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 appears on the records of the Florida Department of State is: FOUNTAIN MARKETING CONSULTANTS, LLC

2. This limited liability company was organized under the laws of:
STATE OF FLORIDA

3. The Florida document/registration number of this limited liability company is:
L12000028825

4. I, DAVID T. AARON, hereby resign as a MANAGER/DIRECTOR
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



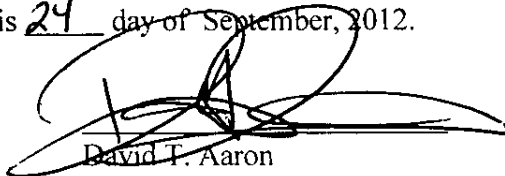
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

RESIGNATION, ACCEPTANCE OF
RESIGNATION AND HOLD HARMLESS AGREEMENT

I, David T. Aaron hereby tender my resignation as Director, and Officer of Fountain Marketing Consultants, LLC, a limited liability corporation duly established under the laws of the State of Florida, such resignation to take effect immediately. In resigning from this position, I hereby waive my right to any assets, receivables both past and future of this company. I agree to file with the Secretary of State on this date my resignation form as well as an amendment form removing myself as registered agent.

WITNESS my hand and seal this 24 day of September, 2012.


David T. Aaron

State of Florida

County of Pinellas

Sworn to and subscribed before me this 24 day of September, 2012, by David T. Aaron who is personally known to me or who produced a state of Florida identification. AL50-178-81-060-0 FL




Notary Public

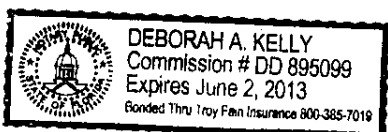
I, Alex Pate, hereby acknowledge and accept the acceptance of David T. Aaron. I agree to remove his name from any bank accounts, past, present and future. I agree to hold him harmless from any debts, lawsuits, causes of action, past present and future.


Alex Pate

State of Florida

County of Pinellas

Sworn to and subscribed before me this 24 day of September, 2012, by Alex R Pete who is personally known to me or who produced a state of Florida identification. P300-01682-287-0




Notary Public