12000099207

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

APR - 3 2013 T. HAMPTON

COVER LETTER

MACO IT SOLUTIONS (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: MIGUEL A. (Contact Person) MACO IT SOLUTIONS LLC (Firm/Company) 8567 CORAL WAY, num 392 (Address) Miami, FL 33155 (City/State and Zip Code)

For further information concerning this matter, please call:

at (786) 417-8095 (Area Code & Daytime Telephone Number) MIGUEL A. CAPO

(Name of Contact Person)

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

CR2E079 (5/06)

TO:

Registration Section **Division of Corporations**

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231

Mario ReBAC Mario ReBAC 169 W. Prospect Rd. # 28



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

The name of the limited liability company as of State is: MACO IT SOLUTIONS LI	it appears on the records of the Florida Department
2. This limited liability company was organized FLORIDA	under the laws of:
3. The Florida document/registration number of L12000099207	
4. I. MARIO REBAC	, hereby resign as a MGRM
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the resignation in writing. Signature of Resigning Member, Managing M.	e limited liability company has been notified of my

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Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)