1200014972

| (R | equestor's Name) | | | | |
|---|---------------------|-----------|--|--|--|
| (A | ddress) | | | | |
| (A | ddress) | | | | |
| (C | ity/State/Zip/Phone | e #) | | | |
| PICK-UP | WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | ; | | | |
| 'SEP 2 8 2012 | | | | | |
| L. SELLERS | | | | | |
| | | ! | | | |

Office Use Only



000239885380

09/26/12--01022--019 **25.00

FILED

12 SEP 26 PH 4: 18

SECRUTARY OF STATE
TARRAMENT FI ORID

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Hectormag Management, 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: |
| ALVARADO EDÎTH (Contact Person) |
| Heetormag Hanagement, LLC (Arm/Company) |
| 2730 South Dixie Hwy. (Address) |
| West poilm beach. FL. 33405 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at (S61) 371 9911 (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 Clifton Building P.O. Box 6327 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

Tallahassee, Florida 32301

CR2E079 (5/06)



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 compan | y as it appears on the records of | the Florida Department |
| of State is:) | tectormag M | anagement, LLC | · . |
| 2. This limited liab | llity company was organ | nized under the laws of: | |
| state | of Florida | · | |
| | | •• | |
| 3. The Florida docu | ment/registration numb | er of this limited liability compa | ny is: |
| | 0114972 | · . | |
| 4. I, ALVAR (Print N | and EDITH ame of Person Resigning) | , hereby resign as a M | anaging Member |
| of this limited lial resignation in wri | | m the limited liability company l | nas been notified of my |
| X Edith Signature of Resi | A worado gning Member, Managin | MGM. ng Member or Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | FILED 12 SEP 26 PM 4: SECRETARY OF STALLAHASSEE, FLO |

CR2E079 (5/06)