L12000117437

(Re	questor's Name)	
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SECRETARY OF STATE OIVISION OF CORPORATIONS

C. LEWIS

OCT 1 5 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation	ns
SUBJECT: TULIPS SOLUT	ONS LLC
Jobate I.	(Name of Limited Liability Company)
The enclosed member, manag filing.	ing member or manager resignation and fee(s) are submitted for
Please return all corresponder	ice concerning this matter to:
YARISKAY PEREZ	
(Contact	Person)
TULIP SOLUTIONS LLC	
(Firm/Co	npany)
1940 SE 2ND STREET	
(Addre	ss)
POMPANO BEACH, FL 3306	0
(City/State ar	d Zip Code)
For further information conce	rning this matter, please call:
YADDY PEREZ	at (561) 401-8591
(Name of Contact Pe	rson) (Area Code & Daytime Telephone Number)
Enclosed please find a check	made payable to the Florida Department of State for:
✓ \$25 Filing I	
<u>, </u>	Certified Copy
STREET/COURIER ADDR	ESS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



SECRETARY OF STATE DIVISION OF CORPORATIONS
2012 OCT 12 PM 4: 45

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as it appears on the records of the Florida Department LIP SOLUTIONS LLC
2. This limited lia	bility company was organized under the laws of:
3. The Florida doc L1200011743	cument/registration number of this limited liability company is:
4. 1, <u>Louis</u> (Print	Name of Person Resigning), hereby resign as a Manuging Nomber (Print Title)
of this limited li resignation in w	ability company and affirm the limited liability company has been notified of my
Filing Fee:	\$25.00 (Required)
Certified Conv.	\$30.00 (Ontional)