# L13000000034

(Requestor's	s Name)	
(Address)		
(Address)		
(City/State/Z	Lip/Phone #)	
PICK-UP V	VAIT MAIL	
(Business E	intity Name)	
(Document	Number)	
Certified Copies Co	ertificates of Status	
Special Instructions to Filing Of	ficer:	
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SECRETATION STATE
FALL AND SECRETARIES

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: TOPCLICK, 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:

#### GLENN FARINACCI

(Contact Person)

#### LIBERTY TAX SERVICE

(Firm/Company)

### 1730 S FEDERAL HWY #208

(Address)

#### DELRAY BEACH, FL 33483

(City/State and Zip Code)

For further information concerning this matter, please call:

GLENN FARINACCI ... 561 929 9596

(Name of Contact Person)

(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

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CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as PCLICK, LLC	it appears on the records of the Florida Depar	rtment 
2. This limited liab FLORIDA	ility company was organized	l under the laws of:	
3. The Florida doct L13000020	•	f this limited liability company is:	
4. I, RAFIE BE	RAUNSTEIN	, hereby resign as a MGRM (Print Title)	
·	bility company and affirm th	(Print Title) le limited liability company has been notified	of my
Rape B	eauntin 3	/n/13	
Signature of Res	igning Member, Managing N	Tember or Manager	
	\$25.00 (Required) \$30.00 (Optional)		