L13000045718

(Requestor's Name)
(Address)
(1331533)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Section Division of Corporations		
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SUBJECT: Convertible Specialists 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:

Thomas Hewitt (Contact Person) Convertible Specialists LLC (Firm/Company) 429 Fairy Lake Lane (Address) Longwood, FL 32750 (City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Hewitt	_ _{at} 407	443-1471
(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 \$\square\$ \$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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

I. The name of the limited liability company as it apports of State is: Convertible Specialists LLC	pears on the records of the Florida Department	
This limited liability company was organized under Florida	er the laws of:	1
3. The Florida document/registration number of this L13000045718	limited liability company is:	ا ا نـــ
4. I, Thomas Hewitt	, hereby resign as a manager/member	
(Print Name of Person Resigning)	(Print Title)	
of this limited liability company and affirm the limited resignation in writing. Signature of Resigning Member, Managing Member		
Filing Fee: \$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)