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SECRETARY OF STATE DIVISION OF CORPORATIONS

9-18-13 J

#### **COVER LETTER**

TO: **Registration Section** Division of Corporations

Accurate Paralegal Services, 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:

## Anne Sanchez

(Contact Person)

## Accurate Paralegal Services, LLC

(Firm/Company)

PO Box 678182

(Address)

Orlando, FL 32867-8182

For further information concerning this matter, please call:

## Anne Sanchez

(Name of Contact Person)

at (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

CR2E079 (5/06)



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

Services, LLC	a Department
ganized under the laws of:	DIVISION 13 SEP
mber of this limited liability company is:	OF CONSORA
, hereby resign as a Managing	Member
firm the limited liability company has been no	•
)	
	ganized under the laws of:  mber of this limited liability company is:  , hereby resign as a Managing  (Print)  irm the limited liability company has been no