L13000079686

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	: #)
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SEP 11 2013 J. BRYAN

COVER LETTER

Registration Section TO: **Division of Corporations**

M. A. EMERGENCY CONSULTING, 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:

LUIS REQUEJO

(Contact Person)

M. A. EMERGENCY CONSULTING, LLC

(Firm/Company)

3581 SW 140 AVE

(Address)

MIAMI, FL 33175

(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS REQUEJO

(Name of Contact Person)

 $\underbrace{305}_{\text{(Area Code \& Daytime Telephone Number)}} 803-0431$

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

	limited liability company as i		the Florida Departn	nent —·	
2. This limited liab	lity company was organized t	under the laws of:			
3. The Florida docu L130000796	ment/registration number of t	this limited liability compar 	ny is:		
4. I, CLAUDIA	K. GUTIERREZ	, hereby resign as a M/	ANAGER		
(Print Name of Person Resigning)			(Print Title)		
of this limited liab resignation in wri	oility company and affirm the ting.	limited liability company h		my	
Filing Fee:	gning Member, Managing Me \$25.00 (Required) \$30.00 (Optional)	ember or Manager	2013 SEP 10 PM 1: SEGJETANY SK STA DALLAMASSEE, FLOR	FILED	