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B. BOSTICK

AUG 3 0 2013

EXAMINER

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

**SUBJECT:** Expo Professionals 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:

#### Kelly Jurado

(Contact Person)

### Expo Professionals LLC

(Firm/Company)

13650 Fiddlesticks Blvd #202 Box 237

(Address)

### Fort Myers Florida 33912

(City/State and Zip Code)

For further information concerning this matter, please call:

Kelly Jurado

<sub>\*.</sub>239

400-2293

(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

CR2E079 (5/06)

2013 AUG 29 FH 1: 07



## 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 it ap no Professionals LLC	pears on the records	of the Flor	rida Dep	partment
2. This limited liab Florida	ility company was organized und	er the laws of:		TALLAHA	2013 <b>A</b> UG
3. The Florida doct L13000109	ument/registration number of this	limited liability con	npany is:	ARY UF LES	29 PM 1:02
<sub>4. I.</sub> Michael G	ulbronson	_, hereby resign as a	MGRM	0810	30:
(Print Name of Person Resigning)		_, , ,	(Pri	int Title)	
of this limited lia resignation in wr	bility company and affirm the limiting.	nited liability compa	ny has beer	notifie	d of my
Signature of Resi	gning Member, Managing Memb	oer or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				