13000120147

(Re	questor's Name)			
(Address)				
, (Ad	ldress)			
	101 - 77 - 101	40		
(Cit	y/State/Zip/Phone	≑ #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	ocument Number)			
()	cument Number)			
Certified Copies Certificates of Sta		s of Status		
	_			
Special Instructions to	Filing Officer:			
,				

Office Use Only



900251474649

09/09/13--01004--008 **25.00

2013 SEP -9 AM 8: 32

J. SAULSBERRY EXAMINEN SEP 13 2013

COVER LETTER

Division of Corporations	
SUBJECT: DIVERSE TREC. (Name of Limited I	thent Solutions LCC Liability Company)
The enclosed member, managing member or mar filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Gerard Perillo (Contact Person)	
(Firm/Company)	
2404 Tuscary Way	7
Boynton Beach Fl 19	33435
For further information concerning this matter, p	
Gurard Perillo at	850, 420 (623
(Name of Contact Person)	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is:	limited liability company as	s it appears on the rec				Li
	ility company was organize			2013 SEP	***	
1130	ament/registration number of DOIL 0147 and Sierra Jame of Person Resigning)	·		-9 AM		
of this limited lia resignation in wr	bility company and affirm the	he limited liability co	mpany has been	notified of m	у	
-	\$25.00 (Required) \$30.00 (Optional)	vielloci oi ivialiagei				