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## **COVER LETTER**

TO:

CR2E079 (2/14)

**Registration Section** 

**Division of Corporations** LAMBERT SOLUTIONS LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: PHILIP LAMBERT (Contact Person) LAMBERT SOLUTIONS LLC (Firm/Company) 220 39TH ST NE (Address) **BRADENTON FLORIDA 34208** (City/State and Zip Code) For further information concerning this matter, please call: at (\_\_\_\_\_) 524-4820 (Area Code & Daytime Telephone Number) PHILIP LAMBERT (Name of Contact Person) 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: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

(Pursuant to 605.0216, Florida Statutes)

The name of the limited liability company as it approached of State is:  LAMBERT SOLUTIONS LLC	ears on the records of the Florida Department
2. The Florida document/registration number assigne	d to this limited liability company is:
51-8016492287-5	
3. The date this member/manager withdrew/resigned	or will withdraw/resign is:
4. I, ANDREW LAMBERT	
(Print Name of Person Resigning)	nereby withdraw/resign as a
MANAGER	<b>声</b> 治 5
(Print Title)  of this limited liability company and affirm the limi	ted liability company has been notified of my
resignation in writing.  A. J. Jambe, N. C.	
Signature of Dissociating Member or Resigning N	∕lanager Þ

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)