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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	United Data Support			
	(Name of Limited Liability Company)			
The en	closed member, resignation or dissoci	ation and fee(	s) are submitted for filing.	
Please	return all correspondence concerning	this matter to:		
Scott	Simon			
	(Contact Person)		_	
	(Firm/Company)		_	
5307	Grand Banks Blvd			
	(Address)		_	
Green	nacres, FL 33463			
	(City/State and Zip Code)		_	
For fur	ther information concerning this matte	er, please call:		
Scott	Simon	561	523-1168	
	(Name of Contact Person)	_ `	e & Daytime Telephone Number)	
	ed please find a check made payable to Filing Fee		Department of State for: g Fee & Certified Copy	
	ET/COURIER ADDRESS:		MAILING ADDRESS:	
	ration Section on of Corporations		Registration Section Division of Corporations	
	Building		P.O. Box 6327	
2661 E	ixecutive Center Circle assee, Florida 32301		Tallahassee, Florida 32314	

CR2E079 (2/14)





## 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)

	limited liability company as it appears on the records of the Florida Department ed Data Support LLC
2. The Florida doce	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I. Scott Simon	, hereby withdraw/resign as a fame of Person Resigning)
Manager	
<u>-</u>	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Stay .	Jimon
Signature of D	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)