119000072460

(Requestor's Name)
(Address)
(1.001000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

Division of Corporations		
E2E Mail Solutions, LLC SUBJECT:		
(Name of Limi	ted Liability Co	отрапу)
The enclosed member, resignation or dissocia	ation and fee((s) are submitted for filing.
Please return all correspondence concerning t	this matter to	:
Alex C. Najarian, Esq.		
(Contact Person)		
The Comeal Law Firm		
(Firm/Company)		_
509 Anastasia Bivd.		
(Address)		- -
St. Augustine, FL 32080		
(City/State and Zip Code)		
For further information concerning this matter	er, please call	:
Alex C. Najarian, Esq.	904 at (819-5333
(Name of Contact Person)		le & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
Malling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, El. 32303

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)

1. The name of the	limited liability company	as it appears on the records of the Florida Department
of State is: E2E	Mail Solutions, LLC	
2. The Florida doc L19000072460	ument/registration number	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/r	esigned or will withdraw/resign is:
4. l. Zach Aharon		, hereby withdraw/resign as a
(Print)	tame of Person Resigning)	
Manager		
	(Print Title)	
of this limited lia resignation in wr		the limited liability company has been notified of my
Signature of D	issocialing Member or Res	igning Manager
	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (2/14)