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

TO: Registration Section Division of Corporations					
SUBJECT: AIMARKETING GROUP LIC (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:					
(Contact Person)					
AI MARKETING GROUD LLC (Firm/Company)					
1315 BORDER DR (Address)					
WINTER PARK F1 32789 (City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Contact Person) at (467) 925-3934 (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\text{\$\subset}}\$\$ \$\sum_{\text{\$\subset}}\$\$\$ \$\sum_{\text{\$\subset}}\$\$\$ \$\sum_{\text{\$\subset}}\$\$\$ \$\sum_{\text{\$\subset}}\$\$\$\$ \$\sum_{\text{\$\subset}}\$\$\$\$ \$\sum_{\text{\$\subset}}\$\$\$\$ \$\sum_{\text{\$\subset}}\$\$\$\$\$ \$\sum_{\text{\$\subset}}\$					

Mailing 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, FL 32303



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 a	as it appears on the records o	of the Florida	Department
of State is:	AI MARKE	FINE GROUPL	14	·
2. The Florida doc	ument/registration number	assigned to this limited liabi	lity company	is:
L 210	000 2307 67			
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/res	ign is: <u>/0//</u>	0/2/
		, hereby withdraw/res	•	,
`	MBR (Print Title)			
of this limited lia resignation in wr	bility company and affirm titing.	the limited liability company	y has been not	ified of my
<i>Q</i>	Inm J h hanger issociating Member of Resi	the limited liability company	÷	
Signature of Di	issociating Member of Resi	igning Manager	٠	<u> </u>
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ć. E	VA 10: 44