

M08 0000 3399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

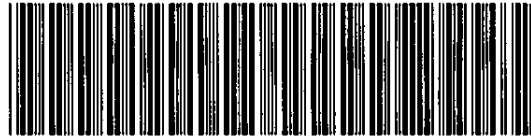
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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STATE TREASURER
COURT REPORTING DIVISION

2014 FEB 13 PM 1:05

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FEB 14 2014
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Enclosed are seven (7) change request forms. Three (3) are for LLC's and four (4) are for corporations. Also enclosed is a check in the amount of \$215 to cover the processing fees for these seven forms.

Thank you in advance!

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SECRETARY OF STATE
ALLIANCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXCHANGE ACCESS, LLC

(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:

TED MYERSON

(Contact Person)

(Firm/Company)

PO BOX 4668 #96049

(Address)

NEW YORK, NY 10163-4668

(City/State and Zip Code)

For further information concerning this matter, please call:

TED MYERSON

(Name of Contact Person)

at (**212**) **882-1370**

(Area Code & Daytime Telephone Number)

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:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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STATE TALLAHASSEE
FILING OFFICE



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: EXCHANGE ACCESS, LLC

2. The Florida document/registration number of this limited liability company is: M08000003399

3. The date this member withdrew or will withdraw is: 12/16/2010

4. I, TED MYERSON, hereby resign as a MANAGER
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE
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