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Thank you in advance!

2014 FEB 13 PK 1: 08

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: EXECUTION 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

<sub>at</sub> 212 882-1370

(Name of Contact Person)

(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

CR2E079 (12/13)



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

<ol> <li>The name of the limited liability company as it appears on the records of State is: EXECUTION ACCESS, LLC</li> </ol>	of the Florida Do	•
2. The Florida document/registration number of this limited liability cor	npany is:	2014 FEB 13
3. The date this member withdrew or will withdraw is: 12/16/2010		
4. I, TED MYERSON , hereby resign as a	MANAGER <sup>§</sup>	
(Print Name of Person Resigning)	(Print Title)	<del></del>
of this limited liability company and affirm the limited liability comparesignation in writing.	ny has been notifi	ied of my
Signature of Resigning or Dissociating Manager, Member		

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