

LD000001B159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

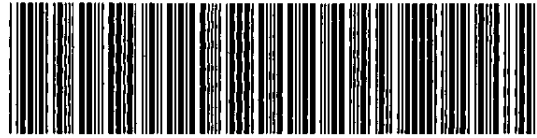
Special Instructions to Filing Officer:

L. SELLERS

MAR 25, 2009

EXAMINER

Office Use Only



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03/24/09--01028--006 **55.00

FILED
09 MAR 25 AM 8:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRICOM Global, LLC.
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CARLOS H. CAMPO.
(Contact Person)

TRICOM Global, LLC.
(Firm/Company)

1335 HARRISON ST.
(Address)

HOLLYWOOD, FL 33019
(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS H. CAMPO at (954) 5582151
(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

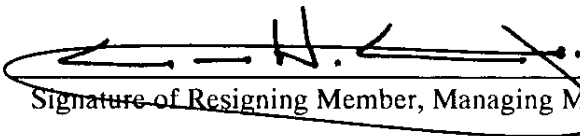
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: TRICOM GLOBAL, LLC.

2. This limited liability company was organized under the laws of:
FLORIDA.

3. The Florida document/registration number of this limited liability company is:
L06000063659

4. I, CARLOS H. CAMPO, hereby resign as a MANAGER/PARTNER.
(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.

 3/1/2009
Signature of Resigning Member, Managing Member or Manager

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

FILED
09 MAR 25 AM 8:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA