

L140000006318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

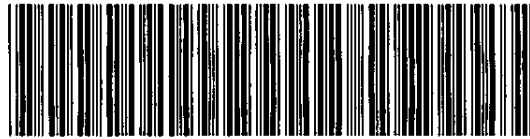
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400268718934

02/02/15--01020--014 \*\*25.00

FILED  
15 FEB -2 PM 5:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARM  
2-5-15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 4CONNECT LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAMON O. TEJADA

Name of Person

4CONNECT LLC

Firm/Company

1283 SOUTH BEACH CIRCLE

Address

KISSIMMEE, FL. 34746

City/State and Zip Code

FOURCONNECT@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAMON O. TEJADA

Name of Person

407

288 - 0603

Area Code & Daytime Telephone Number

**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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
15 FEB -2 PM 5:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
15 FEB -2 PM 5:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: 4CONNECT, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000006318

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/24/2014

4. I, MIGUEL AZIZE, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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