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(Cli	ty/State/Zip/Phone	e #)		
	☐ WAIT	MAIL		
☐ PICK-UP	☐ WAII	☐ WAIL		
(Bu	siness Entity Nar	ne)		
(Dc	cument Number)			
(2.2	, , , , , , , , , , , , , , , , , , , ,			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
<u>'</u>	<b>.</b>			

Office Use Only



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## **COVER LETTER**

Division of C	Corporations					
SUBJECT:	Nar (Same of L	mmunical imited Liability Con	ipany)	.C	-	
The enclosed memb	er, resignation or disso	ociation and fee(s	) are submitted fo	or filing.		
Please return all cor	respondence concernin	ig this matter to:				
Re0	(Contact Person)	ogdu	-			
<del> </del>	(Firm/Company)	<del></del>	-			
1919 SE	10th Ave	#4112	-			
	City/State and Zip Code)	=   33316	-			
For further informat	tion concerning this ma	atter, please call:		se Se	202	
Rengin Gunda (Name of )	Contact Person)	at (	) <u>716 - 33</u> & Daytime Telepl	87 ALET	020 JUN 26	opregge discom- ggr eta
Enclosed please find \$\mathbb{X}\$\ \$25 Filing Fee	d a check made payable		Department of Sta Fee & Certified		PH 5: 23	
Mailing Addre	<u>:ss:</u>		Street Address:			

Registration Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO: Registration Section



## 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 as it appears on the records of the Florida Department
of State is: Nar Communications LLC
2. The Florida document/registration number assigned to this limited liability company is:
L11000140037
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/22/2-2-3
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/22/2-2-3  4. I. Renzin Gundondu, hereby withdraw/resign as a William Name of Person Resigning)  Authorized Rence subtile
(Print Title)
of this limited liability company and affirm the limited liability company has been not field of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)