L00000004573

| (Requestor's Name) | | | | |
|---|-------------|--------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | TIAW | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | es of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



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2010 APR 22 AM ID: 82 SECRETARY OF STATE

C. LEWIS

APR 26 2010

EXAMINER

COVER LETTER

CR2E079 (5/06)

| TO: Registration Section | |
|--|---|
| Division of Corporations | |
| SUBJECT: Celtic Communications, I | _LC |
| | Liability Company) |
| The enclosed member, managing member or ma filing. | anager resignation and fee(s) are submitted for |
| Please return all correspondence concerning this | s matter to: |
| Jill Crory | |
| (Contact Person) | · · · · · · · · · · · · · · · · · · · |
| Celtic Communications, LLC | |
| (Firm/Company) | |
| 601 N. Congress Avenue, Suite 11 | 2 |
| (Address) | |
| Delray Beach, FL 33445 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, | please call: |
| Jill Crory at | 954 949-6005 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the | ne Florida Department of State for: |
| √ \$25 Filing Fee | \$55 Filing Fee & |
| _ | Certified Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | |



FILED

2010 APR 22 AM 19: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | limited liability company as i | | of the Florida Department |
|--|--------------------------------------|----------------------------|---------------------------|
| 2. This limited liab | pility company was organized | under the laws of: | |
| 3. The Florida doc | ument/registration number of 04573 | this limited liability com | pany is: |
| 4. I, Jill Crory | | , hereby resign as a _ | Member |
| (Print N | Name of Person Resigning) | | (Print Title) |
| of this limited lia resignation in wr | bility company and affirm the iting. | limited liability compan | y has been notified of my |
| Que - | Goog | | |
| Signature of Res | igning Memiler, Managing M | ember or Manager | |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |