# L04000001296

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	(Requestor's Name)
	(Address)
	(Address)
}	(City/State/Zip/Phone #)
PICK-I	JP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ns to Filing Officer:
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#### **COVER LETTER**

TO:	Registration Section Division of Corporations	Harmon ( ) ( ) grade		1. <b>1.</b> 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
SUB	JECT: Definitive Communications (Name of Lin	s Group LL(		
Dear	Sir or Madam:			
The	enclosed Resignation of Member, Managing	g Member or M	lanager and fee(s)	are submitted for filing
Pleas	se return all correspondence concerning this	matter to the f	ollowing:	
Jos	eph N Lisewski			
	(Name of Person)		_	
Def	initive Communications Group L	LC		
1	(Firm/Company)	•		
144	0 Coral Ridge Dr #224			
	(Address)		<del>_</del>	
Co	ral Springs FL 33071			
	(City/State and Zip Code)		Printer.	
For f	urther information concerning this matter, p	lease call:		
Par	nela Clark	at ( 754	224-944	6
	(Name of Person)		e & Daytime Tele	ephone Number)
STR	EET/COURIER ADDRESS:		MAILING AD	DRESS:
	stration Section		Registration Se	ction
	sion of Corporations on Building		Division of Cor P.O. Box 6327	porations
266[1	Executive Center Circle hassee, Florida 32301		Tallahassee, Flo	orida 32314
Ençle	osed is a check for the following amount:			
	\$25 Filing Fee	<b>V</b> s	\$55 Filing Fee &	
CR2E	079 (8/05)		Certified Cop	у



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Joseph N Lisewski	hereby resign as Manager	
ļ	(Title)	
of Definitive Communications Group LLC		
(Limited Lia	bility Company)	
a limited liability company organized under the	laws of the State of Florida ,	
and affirm that the limited liability company has	been notified in writing of the resignation.	
(Signature of resigning manage	SS 3	

### FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E079 (8/05)