## L04000008868

(Re	questor's Name)	
(Ad	dress)	
. (Adı	dress)	
`	,	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
		·
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

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T. CLINE

MAY 10 2012

**EXAMINER** 

## **COVER LETTER**

Division of Corporations		
SUBJECT: SKYNET360, LLC		
	nited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The enclosed member, managing member of filing.	r manager resignation and	fee(s) are submitted for
Please return all correspondence concerning	this matter to:	
Salvatore Finocchiaro		
La Water Contact Person)	rico	SEC TALL
(Firm/Company)		AY -8 CRETARY AHASSE
18270 S.W. 288 Street		<u>%</u>
(Address)		FO ₹
Homestead, Florida 33030		AH IO 03  OF STATE  OF LORID!
(City/State and Zip Code)		, ω
For further information concerning this matt	er, please call:	
Salvatore Finocchiaro	at ( 305 ) 247-0	806
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed please find a check made payable t  \$25 Filing Fee	to the Florida Department    \$\sqrt{1}\$\$ \$55 Filing 1    Certified	Fee &
STREET/COURIER ADDRESS:	MAILIN	G ADDRESS:
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahasso	æ, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a	s it appears on the records o	f the Florida Department
2. This limited liab The State	oility company was organize of Florida	d under the laws of:	
3. The Florida doc L0400000		of this limited liability comp	any is:
4. I, Salvatore	Finocchiaro  Jame of Person Resigning)	, hereby resign as a	lember, Managing Member, and Manager (Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	he limited liability company	,
Signature of Res Filing Fee: Certified Copy:	igning Member, Managing I \$25.00 (Required) \$30.00 (Optional)	Member or Manager	ZHZ WAY -8 AN A SECRETARY OF STA FALLAHASSEE, FLOR

CR2E079 (5/06)