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COVER LETTER

Registration Section Division of Corporations

TO:

CR2E079 (5/06)

SUBJECT: IRDM, 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:		
Beth Dobelbower	Z 2		
(Contact Person)			
Zev Cohen & Associates, Inc.	ALLAHASSI		
(Firm/Company)	To the second se		
300 Interchange Blvd			
(Address)	**************************************		
Ormond Beach, FL 32137			
(City/State and Zip Code)			
For further information concerning this matt	er, please call:		
Beth Dobelbower	at (386) 677-2482		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy		
	ceramed copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	Tantanassee, Tionida 52514		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the lin of State is: IRDI	mited liability company as it appears on the records of the F. M, LLC	lorida De	partment
2. This limited liabili Florida	ty company was organized under the laws of:	SLORE (ARY S BALLAHASSEE	2012 MAR 28 EM 2
3. The Florida docum <u>L05000780</u>	nent/registration number of this limited liability company is:	TOTAL	
of this limited liabil resignation in writin	ity company and affirm the limited liability company has being. Culf bmb	Print Title) en notific	ed of my
	sing Member, Managing Member or Manager \$25.00 (Required) \$30.00 (Optional)		