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| (Re | questor's Name) | | | |
|---|----------------------|-------------|--|--|
| (Address) | | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phone #) | | | |
| PICK-UP | WAIT | MAIL | | |
| (Bu | siness Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates of | Status | | |
| Special Instructions to Filing Officer: | | | | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 6, 2017

MAURICE ISRAEL 5240 S UNIVERSITY DR SUITE 103 DAVIE, FL 33328

SUBJECT: ISMO, L.L.C. Ref. Number: L05000119448

We have received your document for ISMO, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 417A00013638

SECRETAL STATE STATE AND LANGE OF LANGE

FILED 17 JUL 24 PH 1: 48

COVER LETTER

| Division of Corporations | |
|--|---|
| SUBJECT: ISMO LLC | |
| (Name of Limited Liab | ility Company) |
| The enclosed member, resignation or dissociation ar | fee(s) are submitted for filing. |
| Please return all correspondence concerning this ma | tter to: |
| Maurice Israel | |
| (Contact Person) | |
| ISMO, LLC | |
| (Firm/Company) | |
| 5240 S University Drive, Suite 103 | |
| (Address) | |
| Davie, FL 33328 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, pleas | se call: |
| maurice@networkcomputerpros.com 95 | 880-0388 |
| (Name of Contact Person) (Are | ea Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Fl □ \$25 Filing Fee □ \$55 | orida Department of State for: 5 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

CR2E079 (2/14)



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 liabil | lity company as it a | ppears on the records o | f the Florida Department |
|--|----------------|---|------------------------------|--------------------------|
| of State is: | D, LLC | | | · |
| 2. The Florida docu | ment/registr | ation number assign | ned to this limited liabil | ity company is: |
| L05000119448 | 3 | | | |
| 3. The date this me | mber/manage | er withdrew/resigne | ed or will withdraw/resi | gn is: |
| امييامما مممما | _ | | | |
| (Print N | ame of Person | Resigning) | , horeby withdraw/res | -6 |
| MGR | | | | |
| | (Print Title) | · | | |
| of this limited lial resignation in wri | - | ny and affirm the li | mited liability company | has been notified of my |
| Isaac Jed | wab | Digitally signed by Isaac Jedwi DN cri-Isaac Jedwab, o, ou, er c=US Date: 2017 07:19 00:36:19 -041 | mail=isaac@jedwabfamily.com, | JE TI |
| Signature of Di | ssociating M | lember or Resignin | | 24 PH |
| Filing Fee: | \$25.00 (F | Required) | | <u> </u> |
| Certified Copy: | \$30.00 (0 | Optional) | | () A E |