# L0500122293

(Re	equestor's Name)	·
(Ac	ddress)	
. (Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	719
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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

# T. >

TO: Registration Section Division of Corporations				
SUBJECT: COM HOCDINGS LLL (Name of Limited Liability Company)				
Dear Sir or Madam:				
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filin				
Please return all correspondence concerning this matter to the following:				
CLARENCE ODONNELL (Name of Person)				
Com HOLDINGS LLC (Firm/Company)				
4130 MURDOCK AVE				
SARASOTA FL 34231 (City/State and Zip Code)				
For further information concerning this matter, please call:				
CLARENCE OPONNELL at 941 313 0654  (Name of Person) (Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
\$25 Filing Fee \$\times \text{Crze079 (8/05)}\$				



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, MATTHEW	WENZEL	, hereby resign as _	MGR		
··· · · · · · · · · · · · · · · · · ·			(Title)		
of Com	HOLDINGS	42 C.			
(Limited Liability Company)					
a limited liability company organized under the laws of the State of FCORIDA					
and affirm that the limited liability company has been notified in writing of the resignation.					
	11 st 1	1			
	Matthew V	Venzel			
	ture of resigning manage		r memher)		

### **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)