# D10000049

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	rtified Copies Certificates of Status	
Special Instructions to Filing Officer:		
	•	
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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CLEAR LINK TELCOM	nited Liability Company)
	med blabinty Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing	g Member or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this	matter to the following:
DONALD DaCOSTA	
(Name of Person)	
<b>,</b> ,	
CLEAR LINK TELCOM	
(Firm/Company)	
	•
6030 Hollywood Blvd.	
(Address)	•
Hollywood, FL. 33024	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, p	lease call:
DONALD DaCOSTA	at ( 954 ) 662-5659
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
<b> ▼</b> \$25 Filing Fee	\$55 Filing Fee &
CR2E079 (8/05)	Certified Copy
C. 1440 (7 (0.00)	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, INGRID CAMPBELL	, hereby resign as MANAGER	
	(Title)	
of CLEAR LINK TELCOM LLC		
(Limited Liability	Company)	
a limited liability company organized under the laws	of the State of FLORIDA	
and affirm that the limited liability company has bee	n notified in writing of the resignation.	
	anaging member or member)	
(Signature of resigning manager, managing member or member)		

### 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