## L060000035165

(Requestor's Name)					
(Address)					
(Address)					
(Addiess)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
, , , ,					
(Business Entity Name)					
·					
(Document Number)					
Certified Copies Certificates of Status					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Opecial instructions to rining Officer,					

A. LUNT

OCT 31 2008

**EXAMINER** 

Office Use Only



200137297752

10/30/08--01029--013 \*\***2** 5,00

ZORE OCT 30 PH 2: 33
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: (Name of Limited	Liability Company)	
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted	for
Please return all correspondence concerning this	s matter to:	
Penny O'Sea (Contact Person)	· · · · · · · · · · · · · · · · · · ·	2088
D: O. Communica	tions, LLC AFF	OCT 3
(Firm/Company)  4545 Victoria  (Address)	R.L. FLORID	BBOCT 30 PM 2: 34
Land D Lates FL, (City/State and Zip Code)	34639	
For further information concerning this matter,	please call:	
(Name of Contact Person) at	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Section of Section 1988 Enclosed please find a check made payable to the Section 1988 Enclosed please find a check made payable to the Section 1988 Enclosed please find a check made payable to the Section 1988 Enclosed please find a check made payable to the Section 1988 Enclosed please find a check made payable to the Section 1988 Enclosed please find a check made payable to the Section 1988 Enclosed Please find a check made payable to the Section 1988 Enclosed Please find a check made payable to the Section 1988 Enclosed Please find a check made payable to the Section 1988 Enclosed Please find 1988 Enclosed Pl	he Florida Department of State for:  \$55 Filing Fee &  Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



## 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	limited liability compa	my as it appe	ars on the records o	f the Florida De	partment
of State is:	O.O. Commur	rication	5116	E SE	<b>3</b>
2. This limited liab	oility company was orga	anized under	the laws of:	AHASSEE. FLORI	CT 30 PH 2: 3
3. The Florida doc	ument/registration num	ber of this lin	mited liability comp	any is:	1 45
L\$6 \$4	XXX 35165	·			
4. I, Folwar (Print N	J D'Dra Jame of Person Resigning)	, ŀ	ereby resign as a _	MG-RM (Print Title)	
of this limited lia resignation in wi	bility company and affi	irm the limite	ed liability company	has been notifie	ed of my
Signature of Res	igning-Member, Manag	ging Member	or Manager		
	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				

CR2E079 (5/06)