## L06000063486

| (Re                                     | questor's Name)   |      |
|---|-------------------|------|
| . (Ad                                   | dress)            |      |
| · (Ad                                   | dress)            |      |
| (Cit                                    | y/State/Zip/Phone | e #) |
| PICK-UP                                 | ☐ WAIT            | MAIL |
| (Bu                                     | siness Entity Nar | me)  |
| (Do                                     | cument Number)    |      |
| Certified Copies                        |                   |      |
| Special Instructions to Filing Officer: |                   |      |
|   |                   |      |
|   |                   | :    |
|   |                   |      |
|   |                   |      |

Office Use Only



600138315026

12/11/08--01039--004 \*\*25.00

08 DEC | | AM | |: 12

SECRETARY OF STATE

T. HAMPTON

DEC 1 2 2008

**EXAMINER** 

## **COVER LETTER**

| Division of Corporations   |
|--|
| SUBJECT: MUSTONG COMMUNICATIONS, LLC (Name of Limited Liability Company)   |
| The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to:  |
| CHRIS O'STEEN) (Contact Person)  |
| MUSTUNG COMMUNICOTIONS, LLC (Firm/Company)   |
| 160 VENETTAN WOY #110  |
| MERRITT ISWND, FL 32953<br>(City/State and Zip Code)   |
| For further information concerning this matter, please call:   |
| CHRIS OSTEEN at (301) 704-5681  (Name of Contact Person) (Area Code & Daytime Telephone Number)  |
| Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$ Certified Copy   |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

CR2E079 (5/06)

Tallahassee, Florida 32301

TO:

Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

|                             | limited liability company as it appears on the records   | *             |
|-----------------------------|--|---------------|
| 2. This limited liab        | ility company was organized under the laws of:   |               |
| 3. The Florida doct         | ument/registration number of this limited liability con  | npany is:     |
| •                           | PHSE 3. OSTEEN, hereby resign as a lane of Person Resigning) bility company and affirm the limited liability compaiting. | (Print Tifle) |
| CB.O                        | igning Member, Managing Member or Manager  |               |
| Filing Fee: Certified Copy: | \$25.00 (Required)<br>\$30.00 (Optional)   | 08 DE         |