L060000 80672

(Requestor's Name)			
(Address)			
(Address)			
, ,			
(City/State/Zip/Phone #)			
(Sity/State/Ep/1 Holle #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
•			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
·			





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SECRETARY OF STATE
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N. O. DEC 2.6 3000

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MULTI COMMUNICATION	· · · · · · · · · · · · · · · · · · ·
(Name of Limited I	Liability Company)
The enclosed member, managing member or man filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
DAVE MASSAGLIA	
(Contact Person)	
MULTI COMMUNICATION SERVIC	ES LLC
(Firm/Company)	
8225 BOWIE WAY	
(Address)	
LAKE WORTH, FL 33467	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
DAVE MASSAGLIA at (561 310-1002
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	e Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



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 of State is: MU	limited liability company as LTI COMMUNICATION	it appears on the records of ON SERVICES LLC	the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doct	ument/registration number of 0672	this limited liability compar	ny is:
	M MASSAGLIA ame of Person Resigning)	, hereby resign as a M	anager/Member
,	oility company and affirm the	e limited liability company h	,
Glady	trassadia		
Signature of Resi	gning Member, Managing M	lember or Manager	F 06 DEC SECRET FALLAH
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FILED 22 AMII: TARY OF STHASSEE, FLO