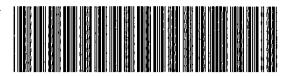
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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: HISPARDO NECLA COMMUNICATIONS, (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:  (Contact Person)
(Firm/Company)
7890 NW 29St Ste 103
DORA F 33122 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (786) 3577377 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

of State is: HISPAND MEDIA COMMUNICATION LLC.
2. This limited liability company was organized under the laws of:
3. The Florida document/registration number of this limited liability company is:
4. I, Michel Opet, hereby resign as a Market (Print Name of Person Resigning) (Print Name of Person Resigning)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Designing Member, Managing Member or Manager
organization confirm whember, whathaging wichbor of whathager

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)