

LO6000104206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

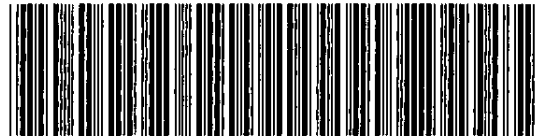
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 SEP -9 PM 3:35

FILED

T. Roberts SEP 09 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2008

ERNESTO SANCHEZ, ESQ.
815 PONCE DE LEON BLVD, STE. 306
CORAL GABLES, FL 33134

SUBJECT: COMUNITEL, LLC
Ref. Number: L06000104206

We have received your document for COMUNITEL, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records reflect the registered agent name as: ERNESTO SANCHEZ, P.A.. Please correct your document. It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 408A00046996

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Comunitel, LLC.
(Name of Limited Liability Company)

DOCUMENT NUMBER: 106000104206

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ernesto Sanchez, Esq.
(Name of Person)

Ernesto Sanchez, P.A.
(Name of Firm/Company)

815 Ponce de Leon Blvd. Suite 306
(Address)

Coral Gables, FL. 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

Ernesto Sanchez, Esq. at (305) 441-2040
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Ernesto Sanchez, P.A., hereby resigns as
(Name of Registered Agent)

Registered Agent for Comunitel, LLC.

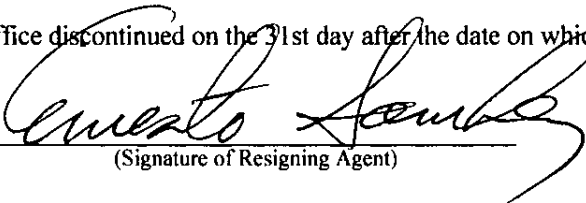
(Name of Limited Liability Company)

L06000104206

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

ERNESTO SANCHEZ
(Typed or Printed Name)
PRESIDENT
(Capacity)

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA