L06000/14973

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
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DIVISION OF CORPORATIONS

OF JUL 16 PM 4: 10

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AS-COM TECHNOLOGIES,	
(Name of Limited Liabi	ility Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	tter to:
Tom H. Billiris, Esq.	
(Contact Person)	
TOM H. BILLIRIS, P.A.	07 JUL 16
(Firm/Company)	
2311 ALT. 19 N., SUITE 5	07 JUL 16 PH 4: 10
(Address)	.
PALM HARBOR, FLORIDA 34683	· · · · · · · · · · · · · · · · · · ·
· (City/State and Zip Code)	
For further information concerning this matter, pleas	se cail:
ai (727 786-7200
(Name of Contact Person) (Are	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Fee \$25 Filing Fee	orida 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

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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 lin of State is: AS-	nited liability company as i	it appears on the records of GIES, LLC.	the Florida D	epartment
2. This limited liability Florida	y company was organized	under the laws of:		7 JUL 16 P
3. The Florida docum L060001149	_	this limited liability compa	any is:	OF STATENS RPORATIONS PH 4: 10
4. I, John J. Moran , hereby resign as a Managing member, mer				mber, member
,	ty company and affirm the	e limited liability company	,	
Signature of Resign	ing Member, Managing M	ember or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			

CR2E079 (5/06)