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EXAMINATION

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AS-COM TECHNOLOGIZIZ S, 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:
BENDAN NOCTON (Contact Person)
AS-com TRANDIOUZES, UU (Firm/Company)
15937 NORTH FLONIA AVENUE (Address) Lult, FL 33549 (City/State and Zip Code)
$\frac{2012}{\text{City/State and Zip Code}}$
For further information concerning this matter, please call:
(Name of Contact Person) at (213) 264-97-00 (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 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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: AS-COM TECHNOLOGIES, LLC.	t
2. This limited liability company was organized under the laws of: 1) S / STATE of FLORZOA.	
3. The Florida document/registration number of this limited liability company is: \[\lambda \frac{1}{2} \frac{1}	·
4. 1, JAMES CALLAWAY, hereby resign as a PRE - (Print Name of Person Resigning) (Print Title)	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	
Signature of Realgning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	