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RA Resign Thems 9-30-09

### **COVER LETTER**

SUBJECT: NET & COMM LLC					
SUBJECT: NET & COMM LLC  Name of Limited Liability Company					
DOCUMENT NUMBER: <u>L07000011741</u>					
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:					
Henri Gonzalez, Esq. Name of Person					
Gonzalez Law Name of Firm/Company					
4000 Ponce de Leon Blvd., Suite 470 Address					
Coral Gables, Florida 33146 City/State and Zip Code					
hglawoffices@bellsoouth.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:					
Mario Toll  Name of Person  at (305)  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 provision	ons of section 608.416(2) or	r 608.509, Florida Statı	ites, the undersigned,	
	Raul Morffi, Sr.		, hereby resigns as	The state of
	Name of Registered Agent		, ,	6
Registered Agent for _		NET & COMM L	LC	
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Name of Limited I	Liability Company		Mon
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Document N	lumber, if known			
	ion was mailed to the above	-		
The agency is terminat	ed and the office discontinu	Agure of Resigning Agent		is statement is med.
If signing on behalf of	an entity:			
	Typed	or Printed Name		
	- E	apacity	<del></del>	

**FILING FEES:** 

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\$ 25.00 Administratively dissolved/ withdrawn limited liability company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