## L07000052355

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SECRETARY OF STATE
TALL AHASSEE FLORID!

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Blofi Wiveles: (Name of Lin	s , LLC . nited Liability Company)
	r manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Tuli AN Rubio (Contact Person)	
(Contact Person)	
Blufi Wiveless, LCC (Firm/Company)	
The state of the s	
(Address)	106 SAGERBORE STATE STATE
(Address)	
OPA LOCKA, FL 33054	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Julian Rubio	at (305) 477-9889 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as it appears on the ufi Wireless, LLC	ne records of the Florida Department	
2. This limited lia Florida	bility company was organized under the laws	HASS	THE STATE OF
L0700005	· · · · · · · · · · · · · · · · · · ·	LORIDI CORIDI	· -
	Technologies, PTY, LTD_, hereby res Name of Person Resigning)	sign as a MGRM (Print Title)	
	ability company and affirm the limited liability	·	•
Brighton By:	Technologies, PTY, LTD		
_	signing Member, Managing Member or Manag	ger	
Darren Bri	ghton, Managing Director	•	
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)		

CR2E079 (5/06)