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Office Use Only



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SECRETARY OF STATE
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T. HAMPTON

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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 4 CON LLC (Name of Limited	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted fo
Please return all correspondence concerning thi	s matter to:
Richard Wiley (Contact Person)	
4 Com LLC (Firm/Company)	
8268 Burgos Ct.	
Oplando, FL 3283 (City/State and Zip Code)	2
For further information concerning this matter,	please call:
Richard Wiley a (Name of Contact Person)	t ( 407 ) 334 - 7756 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	he 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

	limited liability company as 4 Com, LLC	it appears on the records		
_	ility company was organized lonida	d under the laws of:		
	ument/registration number of	_	npany is:	
of this limited lia	ina Knethes  Jame of Person Resigning)  bility company and affirm the			
	c Clauf gning Member, Managing N	Member or Manager		
	\$25.00 (Required) \$30.00 (Optional)		ZOOO NOV 10 A I SECRETARY OF ST TALLAHASSEE. FLO	
CR2E079 (5/06)		.•		Sant'