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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					
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A. LUNT					
NOV 23 2009					
EXAMINER					
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Office Use Only



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SECRETERY OF STATE

NOV-20 PH 3: 2

COVER LETTER

-	stration Section sion of Corporations				
SUBJECT:	Converged Da	ta Services e of Limited Liability Con	mpany)		
The enclose filing.	d member, managing men	mber or manager resig	gnation and fee(s) are sub	mitted f	for
Please retur	n all correspondence conc	cerning this matter to:			
Stephen	(Contact Person)		_		
	(Contact Person)		-		
Conver	ged Data (Firm/Company)	Sevires	_	TALLA	2009 NOV 20
500 N.	Cungress Ave (Address)	APT E-3	<u> </u>	HASSEE F	V 20 PM
De luny	Brach, FL (City/State and Zip Cod	3 3445 de)	_	CORIDA	3: 23
For further	information concerning th	nis matter, please call:	:		
Stephen	Anderson)	at (75 4)	264-2745 e & Daytime Telephone Nu	mber)	
Enclosed pl	ease find a check made pa		Department of State for: \$55 Filing Fee & Certified Copy	•	
Registration Division of Clifton Buil 2661 Execu	Corporations		* MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 323	าร	

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 of State is:	limited liability company a	s it appears on the records Sorvices, くし	<u> </u>
	ility company was organize		FIL 2009 NOV 20 CLLAHASSEI
	ument/registration number of 1455 4	of this limited liability com	
4.1, Stephen	ame of Person Resigning)	, hereby resign as a	Manageing Menber (Print Title)
of this limited lial resignation in wr	bility company and affirm thiting.	he limited liability compan	y has been notified of my
SH			
Signature of Resi	gning Member, Managing l	Member or Manager	•
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		