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(Address)			
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI		
	(Name of Limited Liability Company)	
The en	closed member, resignation or dissociation and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to:	
Alfred F	Frederick	
	(Contact Person)	
FREDE	RICK COMMUNICATIONS AND CONSULTING LLC	
	(Firm/Company)	
16159 C	Gardendale Dr.	\$0-
	(Address)	
Tampa,	FL 33624	•
	(City/State and Zip Code)	,
For fur	ther information concerning this matter, please call:	

758-9149 Alfred Frederick 813

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee

Mailing Address:

Registration Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appear of State is:	
2. The Florida document/registration number assigned t	o this limited liability company is:
3. The date this member/manager withdrew/resigned or 4. I, Monique Frederick	
Human Resources Manager	
of this limited liability company and affirm the limited resignation in writing. Signature of Dissociating Member or Resigning Ma	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	