

LO9000002201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

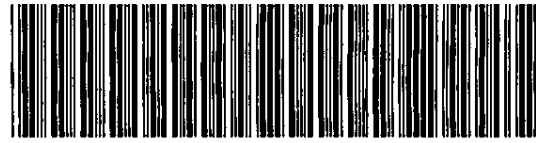
(Business Entity Name)

(Document Number)

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10/09/14--01016--001 \*\*25.00

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TALLAHASSEE, FLORIDA  
14 OCT -9 PM 2:22

OCT 16 2014  
T. CARTER

LLC Member Design



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT -9 PM 2: 22

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 appears on the records of the Florida Department of State is: XP TELECOM LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L09000002201

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/5/14

4. I, ROHAN THOMPSON, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGRM  
(Print Title)


of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager


Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

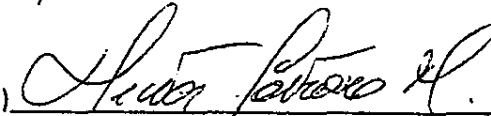
**Resignation of Member, Managing Member or Manager from a  
Limited Liability Company (LLC)**

1. The name of the limited liability company as it appears on the records: XP TELECOM LLC
2. This limited liability company was organized under the laws of Florida
3. The registration number of this limited liability company is L09000002201
4. I, Rohan Thompson, hereby resign as a MGRM of this limited liability company and do hereby swear that the above mentioned limited liability company has been notified of my resignation in writing.
5. All income received by XP Telecom and pending receivables for work performed until the date of this Resignation will be paid out to me at a percentage of 33.33%. For income already received, the payout will be by 10/30/14. For the pending receivables for work performed, the payout will be by check.

  
Signature of Resigning Member, Managing Member or Manager

Date 9/5/14

Witness #1)   
\_\_\_\_\_

Witness #2)   
\_\_\_\_\_