

169000002201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

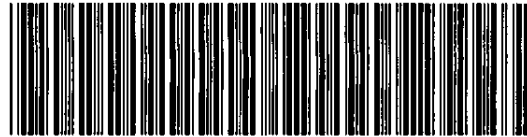
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500265537895

10/17/14--01025--001 **25.00

FILED
14 OCT 17 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FL

Mgim Resignation

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XP TELECOM LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LESTER SAIKEY
(Contact Person)

XP Telecom LLC
(Firm/Company)

2200 N Federal Highway #209
(Address)

Boca Raton FL 33431
(City/State and Zip Code)

For further information concerning this matter, please call:

Lester Saikey at (561) 392-8833
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

☒ \$25 Filing Fee

☐ \$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

FILED
14 OCT 17 PM 3:17
TALLAHASSEE, FLORIDA

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 PAID. For the pending receivables for work performed, the payout will be by MONTHLY.


Signature of Resigning Member, Managing Member or Manager

Date

14 OCT 17 PM 3:14
TALLAHASSEE
SECRETARY OF STATE

Witness #1)



Witness #2)

