## L09000012749

(R	equestor's Name)					
(Address)						
(Address)						
(C	ity/State/Zip/Phone	#)				
	☐ WAIT	MAIL				
<b>,</b> (B	usiness Entity Nam	e)				
(Document Number)						
Certified Copies	Certificates	of Status				
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO:	O: Registration Section Division of Corporations					
	DIVIS	sion of Corporations				
SUBJI	ECT:	Rock Creek Internet Serv	ices, LLC			
(Name of Limited Liability Company)						
The enfiling.	oclosed	d member, managing member or i	nanager resi	gnation and fee(s) are submitted for		
Please	return	all correspondence concerning to	his matter to	:		
John	Abe	gglen				
	-	(Contact Person)		_		
Rock	Cree	ek Internet Services, LLC				
-		(Firm/Company)		_		
6833	NE 3	35 Lane				
		(Address)				
Silver	r Spri	ings, FL 34488				
		(City/State and Zip Code)	······································	<del>-</del>		
For fur	ther ir	nformation concerning this matter	, please call	:		
John	Abeg	gglen	at (352.	425-3433		
	(Na	ame of Contact Person)		e & Daytime Telephone Number)		
Enclos	ed ple	ase find a check made payable to	the Florida	Department of State for:		
		\$25 Filing Fee		\$55 Filing Fee &		
				Certified Copy		
		OURIER ADDRESS:		MAILING ADDRESS:		
_		Section		Registration Section		
		Corporations		Division of Corporations		
Clifton				P.O. Box 6327		
		ve Center Circle Florida 32301		Tallahassee, Florida 32314		
т анапа	188CC.	F1011ua 32301				

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as ck Creek Internet Sen		the Florida Department
2. This limited lia	bility company was organized	d under the laws of:	
3. The Florida doc L09000012	· · · · · · · · · · · · · · · · · · ·		
<sub>4. I,</sub> Mary Ann	Abegglen	, hereby resign as a	IGRM
(Print )	Name of Person Resigning)	<u> </u>	(Print Title)
of this limited lia resignation in w	ibility company and affirm th riting.	e limited liability company h	nas been notified of my
Signature of Res	igning Member, Managing N	Aember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		12 SEI TAL

CR2E079 (5/06)

12 MAY -9 PH 1: LS
SECRETARY OF STATE
AND AHASSEE, FLORIDA