DODS115

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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L. SELLERS

JUL 17 2009

EXAMINER

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07/16/09--01038--011 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Where You at (Name of Limited Liab	Wireless 12C ility Company)
The enclosed member, managing member or managiling.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	tter to:
Jacob Allgrove (Contact Person)	
Where you at wireless (Firm/Company)	
3437 Fowler St (Address)	
Ft Myers / Fl / 3390) (City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
Jacob Allaruve at (23 (Name of Contact Person) (Are	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee	orida Department of State for: \$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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it appears on the records of the Florida Department There You at Wireless LLC.
2. This limited liabil	lity company was organized under the laws of:
	ment/registration number of this limited liability company is:
4. I, AMPEL. (Print Nat	Thomas, hereby resign as a Mandle Montrell (Print Title)
of this limited liabi	ility company and affirm the limited liability company has been notified of my ing.
Signature of Resig	ming Member, Managing Member or Manager
Filing Fee:	\$25.00 (Paguired)
Certified Copy:	

CR2E079 (5/06)

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09 JUL 17 AH 12: 07

SECRETARY OF STATE
ANALYSEE FLORIS