1090000 48523

(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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Member Bep

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TRAFIK NETWORKS, LLC			
(Name of Limited Liability C	ompany)		
The enclosed member, resignation or dissociation and fee	(s) are submitted for filing.		
Please return all correspondence concerning this matter to	o:		
Amber Morgan			
(Contact Person)	_		
MGM			
(Firm/Company)			
74 NE 4th Avenue			
(Address)	_		
Delray Beach, FL 33483			
(City/State and Zip Code)	_ _		
For further information concerning this matter, please call:			
Amber Morgan 561	563-7514		
	le & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$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 (2/14)







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:	FIK NETWORKS, LLC	
L0900004852		signed to this limited liability company is:
		gned or will withdraw/resign is:
4. I, Urgen Cautreels (Print Name of Person Resigning)		haranta a yara
(Print N	lame of Person Resigning)	, hereby withdraw/resign as a
MGR		
	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company has been notified of my
Jurgen Caulre	ts	
Signature of Di	ssociating Member or Resign	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	