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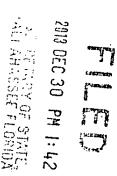
(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL.
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TAN 03 2014 D. BRUCE

#### **COVER LETTER**

Division of Corporations
SUBJECT: BUSINSS Communication Swarp, LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Melissa Hyche (Contact Person)
Business Communications Grap, LLC
37 Dominica Court
Miramar Beach, F1. 32550 (City/State and Zip Code)
For further information concerning this matter, please call:
MClissa Hyche at 850 543-0099 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\square\$\$\$\$\$\$\$ \$55 Filing Fee &

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

**TO:** Registration Section

#### **MAILING ADDRESS:**

Certified Copy

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

	limited liability company as it appears on the records of the Flousing Communications of	rida Department
2. This limited liah	ility company was organized under the laws of:	2018 DEC 30
3. The Florida docu <u>L090</u> 4. I, <u>SAMES</u>	iment/registration number of this limited liability company is:  000 (00050)  44446, hereby resign as a Division of this limited liability company is:	O PH :: LA
of this limited lial resignation in wri	ome of Person Resigning) (Probability company has been ting.	int Title) n notified of my
Filing Fee: Certified Copy:	gning Member, Managing Member or Manager  \$25.00 (Required) \$30.00 (Optional)	