1100000072367

(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: L. SELLERS			
OCT 1 & 2010			
EXAMINER			

Office Use Only



200186233382

10/12/10--01027--028 **50.00

SEOMINAY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ELECTROCOM INTERNA	
The enclosed member, managing member or man	
filing.	
Please return all correspondence concerning this	matter to:
ANA B. FERNANDEZ	. <u></u>
(Contact Person)	
PRATS FERNANDEZ & CO, PA	
(Firm/Company)	
2121 PONCE DE LEON BLVD, SUI	TE #240
(Address)	
CORAL GABLES, FL 33134	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
EVELYN TRUJILLO at (305 444-8333
(Name of Contact Person)	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
	Columbia Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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 a CTROCOM INTER		ds of the Florida Department
2. This limited liabil	ity company was organize	ed under the laws of:	
3. The Florida docum	ment/registration number o	of this limited liability co	ompany is:
4. I, OSCAR F. ANTICH (Print Name of Person Resigning)		, hereby resign as	a MGR (Print Title)
	ility company and affirm t	he limited liability comp	pany has been notified of my
Signature of Resig	ning Member, Managing	Member or Manager	
	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)

10 OCT 12 PM 12: 41