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Certified Copies	Certificates	of Status		
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T. HAMPTON

SEP 1 5 2010

EXAMINER

COVER LETTER

TO:

CR2E079 (5/06)

Registration Section
Division of Corporations

SUBJECT: Interlynx, 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: **Craig Collins** (Contact Person) Social Media Edge, Inc. (Firm/Company) 2121 N Frontage Rd W #179 (Address) Vail, CO 81657 (City/State and Zip Code) For further information concerning this matter, please call: at (_ 305 Craig Collins 766-2102 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	limited liability company as	it appears on the records	of the Florida	Depar	tment
of State is: INT	ERLYNX, LLC				 '
2. This limited liabi	lity company was organized	under the laws of:			
3. The Florida docu L1000008898	ment/registration number of	this limited liability com	pany is:		
•		, hereby resign as a _	•	•	
of this limited liab	oility company and affirm the ting.	limited liability compan	y has been not	ified (of my
signature of Resi	gning Member, Managing M	ember or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			10 SEP	SECRETA 31VISION OF

CR2E079 (5/06)

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