(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:			
,			

Office Use Only



800204039218

04/25/11--01060--022 **25.00

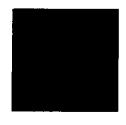
C. LEWIS APR 27 2011 **EXAMINER**

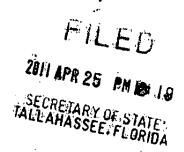
COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: LB Wireless Deals I	
(Name of Limit	ed Liability Company)
The enclosed member, managing member or a filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	his matter to:
Joseph Paternostro Accounting	Services, Inc.
(Contact Person)	
(Firm/Company)	
300 NE 122 Street	
(Address)	······································
North Miami, FL 33161	
(City/State and Zip Code)	44-77-80-da damain da (1
For further information concerning this matter	r. please call:
8	, ,
Joseph Paternostro	at (305) 632-5002
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	d. El. 'l. D
Enclosed please find a check made payable to \$25 Filing Fee	\$55 Filing Fee &
\$23 1 ming 1 ee	Certified 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





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as it a LB Wireless Deals LLC		of the Florida Department
2. This limited lial	bility company was organized un Lda	nder the laws of: 	
	cument/registration number of the	▼	pany is:
	L1000001	<u>0</u> 0366	
4. I, Fig (Print)	LU Name of Person Resigning)	_, hereby resign as a	MGRM (Print Title)
of this limited lia resignation in w	ability company and affirm the li- riting.	mited liability compan	y has been notified of my
Signature of Res	igning Member, Managing Mem	2010 ober or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		