#1/0000/04/05/

| (Requestor's Name) | | | | |
|---|--------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cid | ty/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



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SECONDIARY OF STATE
NECESSEE, FLORIDA

K.SALY EXAMINER SEP 1 0 2013

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: Wonder Link Communications, 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: | | | | |
| Ulssica Dancan (Contact Person) | | | | |
| Wonderlink Communications (Firm/Company) | | | | |
| 1006 Barton Blvd (Address) | | | | |
| Rockledge, FL 32955 (Olty/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| (Name of Contact Person) at (321) 549-6381 (Area Code & Daytime Telephone Number) | | | | |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$Certified Copy | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | |

CR2E079 (5/06)



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SLORETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | imited liability company as nderlink Communica | | of the Florida Department |
|---|---|-------------------------------|--|
| 2. This limited liabi Florida | lity company was organized | d under the laws of: | |
| 3. The Florida docu L10000104 | ment/registration number o 051 | of this limited liability con | npany is: |
| of this limited liab resignation in write | ime of Person Resigning) ility company and affirm the | ne limited liability compar | Member and Managing Member (Print Title) ny has been notified of my |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |

CR2E079 (5/06)