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COVER LETTER

TO: Registration Section	SÉ.		
Division of Corporations			
SUBJECT: RED SKY GLOBAL TELECOM, L	LC SA S		
Name of Limit	ed Liability Company		
DOCUMENT NUMBER: L11000080064	<u></u>		
The enclosed Resignation of Registered Agent for filing.	r a Limited Liability Company and fee are submitted		
Please return all correspondence concerning this	natter to the following:		
Phillip B. Rarick			
Name of Person			
Rarick & Beskin, P. A.			
Name of Firm/Company			
6500 Cowpen Road, Suite 204			
Address			
Miami Lakes, FL 33014			
City/State and Zip Code			
prarick@raricklaw.com			
E-mail address: (to be used for future annual report no	otification)		
For further information concerning this matter, pl	ease call:		
	305 \ 556-5209		
Name of Person at (Area Code Daytime Telephone Number		
Enclosed is a check made payable to the Florida I liability company or \$25.00 for an administrative liability company.	Department of State for \$85.00 for an active limited ly dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

			·		
Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,		47			
Phillip B. Rarick of Rarick & Beskin, P. A.	, hereby resigns as	77.	O N		
Name of Registered Agent	_,	7.	<i>7</i> 3		
Registered Agent for RED SKY GLOBAL TELECOM, LLC			بر — ن		
Name of Limited Liability Company	 		,		
L11000080064					
Document Number, if known					
A copy of this resignation was mailed to the above listed limited liability	y company at its last k	nown addre	SS.		
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.					
Signature of Resigning Agent					
If signing on behalf of an entity:					
Phillip B. Rarick					
Typed or Printed Name					
President					
Capacity					

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314