## #1/10000987/9

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
	·			
(C	city/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(B	dusiness Entity Name)			
(D	Ocument Number)			
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
		ι		
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Office Use Only



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12 JUL -5 PH 4: 24

SEUN IANY OF STATE
TALLAHASSEE, \$LOBURA

K.SALY EXAMINER IUL 9 - 2012

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	IECT: CLEWISTON WIRELESS	SLLC
	(Name of Limite	ed Liability Company)
The enfiling.	·	manager resignation and fee(s) are submitted for
Please	e return all correspondence concerning th	his matter to:
IMR	AN RASHID	
	(Contact Person)	
	(Firm/Company)	
22 S	E 20TH CT	<u> </u>
	(Address)	
CAP	E CORAL FLORIDA 33990	uv 1,2
	(City/State and Zip Code)	
For fu	urther information concerning this matter	r, please call:
MICH	HAEL RICH ESQ	at ( 239 ) 333-0192
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed please find a check made payable to	the Florida Department of State for:
13110101	\$25 Filing Fee	\$55 Filing Fee &
	<u> </u>	Certified Copy
STRE	EET/COURIER ADDRESS:	MAILING ADDRESS:
Regist	tration Section	Registration Section
	ion of Corporations	Division of Corporations
	n Building	P.O. Box 6327
	Executive Center Circle	Tallahassee, Florida 32314
Tallah	nassee, Florida 32301	

CR2E079 (5/06)



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SEUNLIANT OF STATE
TALLAHASSEE, MLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as EWISTON WIRELESS		f the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doct L11000098	ument/registration number of	this limited liability compa	any is:
4. I, OTHMAN S	SUQI	, hereby resign as a M	IANAGER
,	bility company and affirm the		
Signature of Resi	gning Member, Managing M	lember or Manager	
	\$25.00 (Required) \$30.00 (Optional)		