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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO:

Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

Division of Corporations				
SUBJECT: Orlando Computing LLC				
(Name of Limi	ted Liability C	Company)		
The enclosed member, resignation or dissocia	ition and fee	e(s) are submitted for	r filing.	
Please return all correspondence concerning t	his matter to	o:		
JEFFREY, CASHION A				
(Contact Person)				
Orlando Computing LLC				
(Firm/Company)			TAEC 55	
5703 Red Bug Lake Road, Suite 276			CALLAS CALLAS	
(Address)		<u> </u>	ASSEE ASSEE	
Winter Springs, FL 32708			OF STA	
(City/State and Zip Code)		<del></del>	記点	
For further information concerning this matte	r, please cal	l:	<i>,</i> ,,	
JEFFREY, CASHION A	321	439-6811		
(Name of Contact Person)		de & Daytime Telepho	one Number)	
Enclosed please find a check made payable to □ \$25 Filing Fee		Department of State ng Fee & Certified C		
STREET/COURIER ADDRESS:		MAILING ADD	RESS:	
Registration Section		Registration Section		
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327		
2661 Executive Center Circle		Tallahassee, Florida 32314		



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as	s it appears on the records of the l	Florida Department
of State is: ORL	ANDO COMPUTING LLC	<b>&gt;</b>	<u> </u>
2. The Florida doc L1100012814	•	ssigned to this limited liability co	ompany is:
		signed or will withdraw/resign is:	
4. I, William B. H	umphrey	, hereby withdraw/resign as	海型船 5
(Print N	lame of Person Resigning)	,,	COM S TO
MGRM			瑟二二
of this limited lia resignation in wr		ne limited liability company has b	9 PM 57 SEE, Protified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		