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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	CCT:	/

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jim Gernart
(Contact Person)

Communibis
(Firm/Company)

/5312 Powd Woods
(Address)

Tampa A 33618

SEGRETARY OF STATE

For further information concerning this matter, please call:

(Name of Contact Person) at (813) 965-5629

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

□ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is:	limited liability company as it appea	rs on the records of the Florida Dep	artment
2. This limited liab	ility company was organized under the	ne laws of:	
3. The Florida docu	ment/registration number of this lim	ited liability company is:	
4. I, Woodso	W. D. Morrison III, he	ereby resign as a MANASIM	<u>y Member</u>
of this limited lial resignation in wri	oility company and affirm the limited ting.	l liability company has been notified	d of my
Woodrow Signature of Resi	Monuser of gning Member of Managing Member of	or Manager	
Filing Fee:	\$25.00 (Required)	SECRE	F 11_
Certified Copy:	\$30.00 (Optional)	TARY OF STA	