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	WAIT	_		
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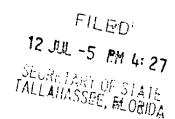
K.SALY EXAMINER JUL 9 - 2012

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: MOORE HAVEN WIRELES	
(Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
IMRAN RASHID	
(Contact Person)	
(Firm/Company)	
22 SE 20TH CT	
(Address)	
CAPE CORAL FLORIDA 33990	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
MICHAEL RICH ESQ at	₍ 239 ₎ 333-0192
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$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





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 ORE HAVEN WIRELE		s of the Florida Department
2. This limited liab FLORIDA	ility company was organized	under the laws of:	
3. The Florida docu L11000141	ument/registration number of	this limited liability con	npany is:
4. I, OTHMAN SUQI		, hereby resign as a	MANAGER
(Print Name of Person Resigning)		,,g us w	(Print Title)
of this limited lial resignation in wr	pility company and affirm the iting.	limited liability compart.	ny has been notified of my
Signature of Resi	gning Member, Managing M	ember or Manager	
	\$25.00 (Required) \$30.00 (Optional)		