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COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: TEchnology K. (Name of Limited	livER INVESTMENTS
(Name of Limited	l Liability Company)
The enclosed member, resignation or dissociati	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
Gam D. ACERANDER (Contact Person)	
(Contact Person)	
(Firm/Company)	
Y285 S.W. MASSIN (Address)	Highway
PAM CITY FU 34 (Chy/State and Zip Code)	990
For further information concerning this matter,	please call:
(Name of Contact Person)	(272) 341-6535 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: 1 \$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

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

(Pursuant to 605.0216, Florida Statutes)

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1. The name of the	e limited liability company as it appears on the records of the	Florida Department
of State is:	TELANOLOgy LIVEN INVESTMENT	15, LCC.
2. The Florida docu	ument/registration number assigned to this limited liability co	ompany is:
211 000	0 143 855	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:	12/31/14
4. 1, GARY (Frint N	R. SmiTy , hereby withdraw/resign as Name of Person Resigning) R. M. (Print Title)	s a
MG	(Print Title)	
	bility company and affirm the limited liability company has b	
Sary	Smith	
Signature of Di	issociating Member or Resigning Manager	
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	