

612 0000 22943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

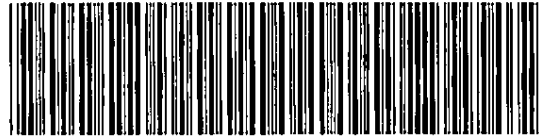
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400314462694

06/11/18--01034--017 \*\*25.00

FILED  
18 JUN 11 AM 11:05  
03

O. SIMMONS

JUN 13 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORIDA CITY WIRELESS, LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

IMRAN RASHID

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

2203 SE 2ND STREET

\_\_\_\_\_  
(Address)

CAPE CORAL FLORIDA 33990

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

IMRAN RASHID at (239) 321-4114  
\_\_\_\_\_  
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY<sup>8</sup>**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FLORIDA CITY WIRELESS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L12000022943

3. The date this member/manager withdrew/resigned or will withdraw/resign is: JUNE 5, 2018

4. I, SANA RASHID, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGER

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)