

**LI3000 101309**

\_\_\_\_\_  
(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



600290956216

10/06/16--01022--001 \*\*50.00

FILED  
TALLAHASSEE, FLORIDA

2016 OCT -6 A 11:31

FILED

D. BRUCE  
OCT 07 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DATA SKYWAY, 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:

**MICHAEL P. SULLIVAN**

(Contact Person)

(Firm/Company)

**3210 NE 9th AVENUE**

(Address)

**POMPANO BEACH, FL 33064**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Michael P. Sullivan**

(Name of Contact Person)

at ( **954** ) **247-4900**

(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

FILED  
2016 OCT -6 A 11:31  
TALLAHASSEE, FL



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 it appears on the records of the Florida Department of State is: DATA SKYWAY LLC

2. The Florida document/registration number assigned to this limited liability company is: L130000010139 LP3000101309

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/15/2016

4. I, JOHN B. REILLY, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR

(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)