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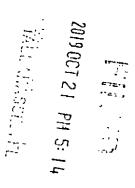
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COVER LETTER

Division of Corporations					
Convoko LLC SUBJECT:					
(Name of Limited Liability Company)					
The enclosed member, resignation or disso	ciation and fee	e(s) are submitted for filing.			
Please return all correspondence concernin	g this matter to) ;			
Bradley Golz					
(Contact Person)					
Convoko LLC					
(Firm/Company)					
PO Box 3325					
(Address)					
Suwanee, GA 30024					
(City/State and Zip Code)					
For further information concerning this mat	ter, please cal	Ŀ			
Bradley Golz	404 at (229-2232			
(Name of Contact Person)	(Атеа Сос	le & Daytime Telephone Number)			
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: ng Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations				
Clifton Building		P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314			

CR2E079 (2/14)

TO: Registration Section



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)

	e limited liability company as	it appears on the reco	ords of the Flor	rida Department
2. The Florida doc L1400001015	eument/registration number as	ssigned to this limited	liability comp	any is:
3. The date this me	ember/manager withdrew/res	igned or will withdray	w/resign is:	g 1, 2019
Miles T. Fno				
Member/Man				
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability com	ipany has been	notified of my
Signature of D	ssociating Member or Resign	ning Manager		900721
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2	PH 5: