

L14000072725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

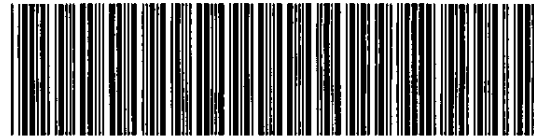
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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October 4, 2016

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6687

Re: Data Skyway, LLC
Peering Exchange, LLC
Tier 4 COLO, LLC
Tier 4 COLO FRP
Trusted Genius, LLC

Gentlemen:

Enclosed herewith please find the following for filing:

- (1) Check No. 19149 in the amount of \$50 for filing of Resignation of Member and Articles of Amendment for DATA SKYWAY, LLC;
- (2) Check No. 19148 in the amount of \$50 for filing of Resignation of Member and Articles of Amendment for PEERING EXCHANGE, LLC;
- (3) Check No. 19151 in the amount of \$50 for filing of Resignation of Member and Articles of Amendment for TIER 4 COLO, LLC;
- (4) Check No. 19150 in the amount of \$50 for filing of Resignation of Member and Articles of Amendment for TIER 4 COLO FPR, LLC; and
- (5) Check No. 19147 in the amount of \$50 for filing of Resignation of Member and Articles of Amendment for TRUSTED GENIUS, LLC.

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October 4, 2016

If you have any questions, please feel free to advise me of same.

Very truly yours,

/s/ Marlene Baker

Marlene Baker
Paralegal

/mb
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUSTED GENIUS, 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



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: TRUSTED GENIUS, LLC

2. The Florida document/registration number assigned to this limited liability company is: L14000072725

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)