L44000109967

(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:							
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MAY 0 2 2017 S. YOUNG

SEGRETARY OF STATE FALUAHASSEE FEORIDA

COVER LETTER

Division of Corporations						
SUBJECT: COMULEON ENERGY STEAT, LL (Name of Limited Liability Company)	.C					
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to:						
CAPUN E. HUFF (Contact Person)						
(Firm/Company)	TALE OF					
29684 ONTARIO COURT	MAY -1					
ENGLEWOW FL 34223 (City/State and Zip Code)	N-1 PM 4: 37					
For further information concerning this matter, please call:						
(Name of Contact Person) at (94) 916-4435 (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

CR2E079 (2/14)



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 lin	nited liability company	as it annears on the r	ecords of the Florida Dep	nartmant			
of State is:	OMMERCAPL	- ENCROY	Systems, LI	<u> </u>			
2. The Florida docume	ent/registration number	assigned to this limit	ted liability company is:				
2140001	09967	*					
3. The date this memb	per/manager withdrew/r	esigned or will withd	lraw/resign is: $\frac{4}{3}$	7/17			
4. I, APPIN (Print Name	C. HUFF e of Person Resigning)	, hereby with	draw/resign as a	•			
MANAGING (Pri	HEMBER int Title)						
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.							
	MA			in the image			
Signature of Disso	ociating Member or Res	igning Manager	_	SECRE NUCAH 17 MAY			
Filing Fee:	\$25.00 (Required)			- 485g			
Certified Copy:	\$30.00 (Optional)			PH 4:			
				د. 2007 1008			
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