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SECRETARY OF STATE
TALLARIASSEE FLORIDA

ו : !

COVER LETTER

SUBJECT: Call Nexus 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:
Richard Schaeffer (Contact Person)
Call Nexus, LLC (Firm/Company)
MA 3301 Quantum BLVd #2 (Address)
Boynton Beach FL 33426 (City/State and Zip Code)
For further information concerning this matter, please call:
Richard Schaeffer at (919) 417 2742 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_\$\$ \$25 \text{ Filing Fee & Certified Copy}\$\$

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations

TO:

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)

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 li	mited liability company as it appears on the records of the Florida Department
of State is:	11 Nexus, LLC
	nent/registration number assigned to this limited liability company is:
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is:
	hereby withdraw/resign as a hereby withdraw/resign as a
Moray	Aint Pitte)
of this limited liabi resignation in writi	lity company and affirm the limited liability company has been notified of my ng.
_4h/	Mi
Signature of Diss	ociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)