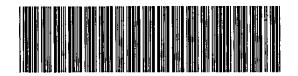
L140000 24408

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800283796698

03/28/16--01021--003 **50.00

16 HAR 28 AM II: 07 SECHETERY OF STATE TAT LANASSFEE PLORID

MAR 3 O 2016 I. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CANON (Name of Lir	Communications, LLC
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
David Orshar (Contact Person)	1
CANDAY Communi	
301 S. Collins (Address)	5t, 5vite 105
PLANT City FI (City/State and Zip Code)	33563
For further information concerning this mat	ter, please call:
David Orshan (Name of Contact Person)	at (305) 216-3200 (Area Code & Daytime Telephone Number)
Englosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

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	limited liability company as it appears on the	records of the Florida Department	
of State is:	CANDRY COMMUNICAT	ions, LLC	
	ument/registration number assigned to this limit		
Lle	000024408		
	mber/manager withdrew/resigned or will with		
4. I, DAV!	D SUREZ, hereby with	draw/resign as a	
M	GR (Print Title)		
of this limited lia resignation in wr	bility company and affirm the limited liability diting.	company has been notified of my	
Signature of Di	Maria Maria Baria Maria Maria	norm.	
Signature	speciating Member or Resigning Manager	16 MAR SECKET ALLERY	w.rr.
Filing Fee:	\$25.00 (Required)	表 · · · · · · · · · · · · · · · · · · ·	. i
Certified Copy:	\$30.00 (Optional)	28 AMII: O ARY OF STAT ASSEELFLORI	anu