

# L16000052753

\_\_\_\_\_  
(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:

Office Use Only



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MAR 05 2018

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 MAR -2 PM 12:10

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pointe Communication, 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:

Shannon Lewis

\_\_\_\_\_  
(Contact Person)

Pointe Communication, LLC

\_\_\_\_\_  
(Firm/Company)

4888 Worthington Cir

\_\_\_\_\_  
(Address)

Rockledge, FL 32955

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Shannon Lewis

321

6263646

at ( )

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(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: Pointe Communication, LLC

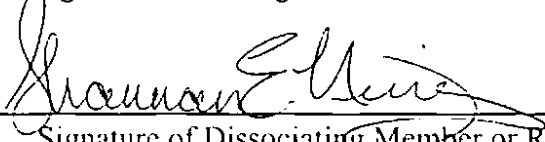
2. The Florida document/registration number assigned to this limited liability company is:  
L-16000052753

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/1/2018

4. I, Shannon E. Lewis, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR (Authorized Representative/M  
*(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)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 MAR -2 PM 12:18