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(Pe	equestor's Name)	
(ive	equestor's (varie)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	7)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)
(Dc	ocument Number)	
•	•	
Certified Copies	Certificates o	if Status
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Special Instructions to	Filing Officer:	

Office Use Only



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SECHETARY OF STATE

STORE OF CORPORATION

OCT 1 4 2020 D CUSHING

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Tec Fiber Solution La (Name of Limited Liability Company)	L C		
The enclosed member, resignation or dissociation and fee(s) are submitted to	for filing.		
Please return all correspondence concerning this matter to:			
Barrington Ricketts (Contact Person)			
(Firm/Company)	<i>∖</i> >		
11625 W. Atlantic Blvd #31	20 AUG 27		
Gral Springs Fl 33071 (City/State and Zip Code)	AH II: 03		
For further information concerning this matter, please call:			
Barrington Ricketts at (347) 574 3785 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of Star Star Star Star Star Star Star Star			
Mailing Address:Street Address:Registration SectionRegistration SeDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee, FL 32314Tallahassee, FL 323142415 N. MonroTallahassee, FLTallahassee, FL	rporations Fallahassee be Street, Suite 810		



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: Tec Fiber Solutions LLC.	
of State is: 1ec Fiber Solutions LLC.	
2. The Florida document/registration number assigned to this limited liability company is:	
L 16000 106812	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08 - 25 - 20 21	O
4. I, Barrington Kicketts, hereby withdraw/resign as a	
Authorized Member (AMBR) (Print Name of Person Resigning) (Print Name of Person Resigning)	
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 Conv. \$30.00 (Ontional)	