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SECRETARY OF STATE
TALL ALIASSEE, FLORIDA

K. SALY FEB 27 2018

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Universal Cable Communication LL (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:		
Robin Jonzalez (Contact Person)		
(Contact Person) Universal Cable Communication (Firm/Company) 6232 NW 1 ⁵⁺ S+ (Address) Hargate, FL, 33063 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Robin Gonzalez at (561) 932-5704 (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 & Certified Copy		

STREET/COURIER ADDRESS:

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

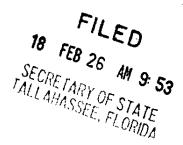
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)







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 a	ppears on the records of the Florida Department
of State is: U	niversal Cable	Communication LLC
2. The Florida docu	ument/registration number assig	ned to this limited liability company is:
L170	00018959	,
3. The date this me	mber/manager withdrew/resigno	ed or will withdraw/resign is: 2/20 18
4. I, Robin (Print N	ame of Person Resigning)	_, hereby withdraw/resign as a
<u> </u>	nager (Print Title)	
of this limited lial resignation in wri		mited liability company has been notified of my
That	<u>kiv</u>	
Signature of Di	ssociating Member or Resigning	g Manager
-	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	