U8000210207

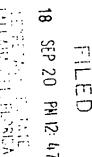
(F	Requestor's Name	e)			
(/	Address)				
	Address)				
((City/State/Zip/Pho	one #)			
PICK-UP	☐ WAIT	MAIL			
(1	Business Entity N	lame)			
(Document Number)					
Certified Copies	Certifica	tes of Status			
Special Instructions to Filing Officer:					

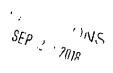
Office Use Only



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COVER LETTER

	-	stration Section ion of Corporations					
SUBJE	CT:	MAN Communications LLC	2				
90111113	· · ·	(Name of L	(Name of Limited Liability Company)				
The enc	losed	I member, resignation or disso	ociation and fee	(s) are submitted for filing.			
Please r	eturn	all correspondence concernir	g this matter to	:			
Michae	el L F	ruh					
		(Contact Person)		_			
MAN C	omr	nunications					
		(Firm/Company)					
PO Box	x 39	3					
		(Address)		_			
Immok	alee	FL 34143					
		(City/State and Zip Code)		_			
For furt	her ii	nformation concerning this ma	atter, please call	:			
Michae	el L F	ruh	239	651-9955			
	(N	ame of Contact Person)	(Area Cod	le & Daytime Telephone Number)			
Enclose \$25 H	-	ase find a check made payable g Fee		Department of State for: ng Fee & Certified Copy			
Registra Division Clifton 2661 Ex	ation n of C Build cecut	Corporations		MAILING ADDRESS: 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)

	limited liability company as in Communications LLC	it appears on the records of the	Florida Department
2. The Florida doc L1800021020	-	signed to this limited liability ed	ompany is:
		gned or will withdraw/resign is:	
4. I. (Print N	dame of Person Resigning)		s a
of this limited lia resignation in wr	- · ·	limited liability company has b	ocen notified of my
	y a Juch issociating Member or Resign	ing Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		