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(((H190003701853)))



H190003701853ABC1

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KOUTOULAS & RELIS, LLC

Account Number : 120070000005 Phone : (954)332-1345 Fax Number : (954)332-1346

••Ent	er	the	email	address	for	this	busin	ess	entity	to	be	used	for	future
	an	nual	report	t mailin	es.	Enter	only	one	email	add	res:	s ple	ase.	**

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Corporate Filing Menu

M. SOLOMON

2/3

COVER LETTER

TO:	_	ion of Corporations		
SUBJ	ECT:	Cacigue Wireless LLC	···-	
		(Name of Lim	ited Liability Con	mpany)
The ci	nclosec	I member, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please	e return	all correspondence concerning	this matter to:	
·		(Contact Person)		_
Kouto	ulas & F	Relia LLC		
		(Pirm/Company)		_
1776 1	N Pine Is	sland Road Ste 316		_
		(Address)		
Plants	ition FL	33322		_
		(City/State and Zip Code)	_	
For fi	urther i	nformation concerning this matt	er, please call:	
Kouto	ulas & I	Relis LLC	954 at (332-1345
	()	lame of Contact Person)	(Area Code	& Daytime Telephone Number)
	osed ple 25 Filin	ease find a check made payable g Fee	to the Florida I	Department of State for: g Fee & Certified Copy
	Regi	ing Address: stration Section sion of Corporations		Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

ax Audit # H190003701853



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 th	ne limited liability company as it	appears on the records of the Florida Department
of State is:	sique Wireless LLC	
2, The Florida do	cument/registration number assignment	gned to this limited liability company is:
L19000051773		
3. The date this n	nember/manager withdrew/resign	ned or will withdraw/resign is: December 23, 2019
Jesus Dario Ce	atalani Name of Person Resigning)	, hereby withdraw/resign as a
(Print	Name of Person Resigning)	
Authorized Mea	mber	
	(Print Title)	
of this limited l resignation in v		imited liability company has been notified of my
<u>Ju</u>	m) aux officini	
Signature of	Dissociating Member or Resignin	ng Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	