119000085343

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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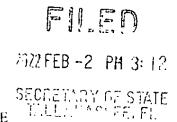
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COVER LETTER

TO:	Registration Section Division of Corporations			
SHRI	TELEEMC LLC JECT:			
ЗОВ	(Name of Limited Liability Company)			
The e	nclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.		
Please	e return all correspondence concerning	this matter to:		
Kimon	ne Hali			
	(Contact Person)			
Ged La	awyers, LLP			
	(Firm/Company)			
7171 N	N. Federal Highway			
	(Address)			
Boca R	Raton Fl 33487			
	(City/State and Zip Code)	*** · · ·		
For fu	urther information concerning this mat	ter, please call:		
Kimoe	: Hall	561 995-1966 at ()		
	(Name of Contact Person)	at () (Area Code & Daytime Telephone Number)		
Enclo:	sed please find a check made payable	to the Florida Department of State for:		
□ \$2:	5 Filing Fee	☐ S55 Filing Fee & Certified Copy		
	Mailing Address:	Street Address:		
	Registration Section	Registration Section		
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		





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	it appears on the records of the Florida Department
2. The Florida docu	ıment/registration number as	signed to this limited liability company is:
L19000085343		
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:
CHARLES G. G	ED	, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
MANAGER		
	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
Signature of D	issociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	