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(Re	questor's Name)	
(Add	dress)	<u>_</u>
(Add	dress)	
(City	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	-
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	egistration Section ivision of Corporations					
SUBJEC	WIFI TECHNOLOGY SOLUTION	ONS. LLC				
500000		(Name of Limited Liability Company)				
The enclo	osed member, resignation or diss	sociation and fee	e(s) are submitted for filing.			
Please re	turn all correspondence concerni	ing this matter to	o:			
TOBON,	MAURICE					
	(Contact Person)					
WIFITEC	THNOLOGY SOLUTIONS, LLC					
·	(Firm/Company)					
5504 NW	86 WAY					
	(Address)					
CORAL S	PRINGS, FL 33067					
	(City/State and Zip Code)					
For furth	er information concerning this m	natter, please cal	II:	5		
TOBON,	MAURICE	954 at (415-5594	101/2		
	(Name of Contact Person)	\	de & Daytime Telephone Number)	, a 1920 1 200 1 200		
Enclosed ■ \$25 Fi	please find a check made payab iling Fee		a Department of State for: ing Fee & Certified Copy	GENERAL CONTRACTORS 19 HOY 26 PM 6: 30		
	ailing Address: egistration Section		Street Address: Registration Section			
	ivision of Corporations		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



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 a	as it appears on the records of the	Florida Department
		assigned to this limited liability c	ompany is:
Ronnie King Ir	-	esigned or will withdraw/resign is	_
4. I,(Print No.	ume of Person Resigning)	, hereby withdraw/resign a	5
		the limited liability company has	been notified of my.
Signature of Dig	ssociating Member or Resi	gning Manager	ORATIONS
_	\$25.00 (Required) \$30.00 (Optional)		