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COVER LETTER

TO: Registration Section Division of Corporations	•
REKON ENFORCEMENT AGE SURJECT:	NCY, LLC
SUBJECT: REKON ENFORCEMENT AGE (Name of)	Limited Liability Company)
	sociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to:
JAVIER CARMONA	
(Contact Person)	
(Firm/Company)	
12748 Oulton Circle	
(Address)	
Orlando, FL 32832	
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
Javier Carmona	407 463-1962
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab \$\Bigsis \$25\$ Filing Fee	le to the Florida Department of State for: S55 Filing Fee & Certified Copy
■ 323 Filmig FCC	□ 355 runig ree & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 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)

	e limited liability company as it	appears on the records of the Florida Department
		gned to this limited liability company is:
4. I	IONA	ned or will withdraw/resign is: October
MANAGING ME		
of this limited lia resignation in wr	• •	limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	