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(Re	equestor's Name)	
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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	P #1
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SECRETARY OF STATE

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COVER LETTER

_	sion of Corporations	•	; • •
SUBJECT:	NEXTSTEP CONNECTIONS L	LC	
SUBJECT.		Limited Liability Co	ompany)
The enclosed	d member, resignation or diss	sociation and fee((s) are submitted for filing.
Please return	all correspondence concern	ing this matter to	:
Adil Anis			
	(Contact Person)		_
	(Firm/Company)		_
1328 Huntingt	on Dr		
<u> </u>	(Address)		
Mundelein, IL	60060		
	(City/State and Zip Code)		_
For further i	nformation concerning this n	natter, please call	:
Adil Anis		224 at (730-6731
(N	lame of Contact Person)		e & Daytime Telephone Number)
Enclosed ple	ease find a check made payah	ole to the Florida	Department of State for:
□ \$25 Filin	g Fee	■ \$55 Filin	ng Fee & Certified Copy
	ng Address:		Street Address:
-	stration Section sion of Corporations		Registration Section Division of Corporations
	Box 6327		The Centre of Tallahassee
	hassee, FL 32314		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 TSTEP CONNECTIONS LLC
2. The Florida doc L21000300534	cument/registration number assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, Adil Anis	, hereby withdraw/resign as a Name of Person Resigning)
Authorized Mem	
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of D	bissociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)