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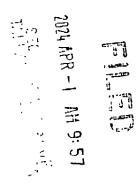
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: WIRED IN NET NO	KING, LLC
(Name of Limited Liability Com	oany)
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
Josephine Movea (Contact Person)	
(Contact Person)	•
Wired IN Networking, LL	C
(Firm/Company)	
55 Westlee lane	
(Address))
Palm Coast Fl 32/64 (City/State and Zip Code)	(
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Josephine: Movea at (386) (Name of Contact Person) (Area Code 8)	569-9979
(Name of Contact Person) (Area Code &	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Do	epartment of State for:
	Fee & Certified Copy
Mailing Address:	Street Address:
	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	I'VED IN NETWOOKING, LLC
	ment/registration number assigned to this limited liability company is:
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: 03.25324
4. I. Joseph (Print No	J. Erlichman, hereby withdraw/resign as a mme of Person Resigning), hereby withdraw/resign as a
AP	
(Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Joseph	J Erlichmon
Signature of Dis	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)