

L99000000611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

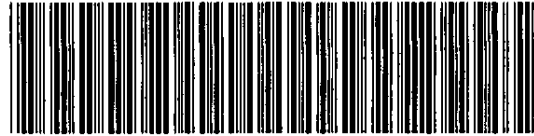
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/11/08--01015--029 **55.00

08 SEP 11 PM 12:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

N. Collins SEP 12 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Skope Splicing & Communications, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Paul Buttrey

(Contact Person)

Skope Broadband & Communications

(Firm/Company)

318 Circle Drive

(Address)

Palm Harbor, FL 34683

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Buttrey

(Name of Contact Person)

at (727) 919-8320

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☒ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FILED

08 SEP 11 PM 12:00

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

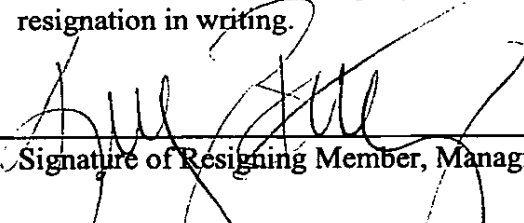
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Skope Splicing & Communications, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L99000000611

4. I, Kelly Buttrey, hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)