

M04000004435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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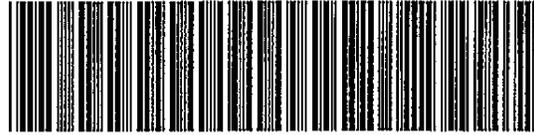
(Business Entity Name)

(Document Number)

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J. BRYAN JUL 19 2005

J. BRYAN JUL 29 2005

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** North Port Networks, LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** 10400004435

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clifford H. Wildes  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

7436 Myrica Drive  
(Address)

Sarasota FL 34241  
(City/State and Zip Code)

For further information concerning this matter, please call:

Clifford Wildes at ( 941 ) 753-2875x2009  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 19, 2005

CLIFFORD H. WILDES  
7436 MYRICA DRIVE  
SARASOTA, FL 34241

SUBJECT: NORTH PORT NETWORKS, LLC  
Ref. Number: M04000004435

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TALLAHASSEE, FLORIDA

We have received your document for NORTH PORT NETWORKS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 405A00047280

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TALLAHASSEE, FLORIDA

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, CLIFFORD H WILDES, hereby resign as MEMBER (Title) *(NEVER TO BE IN LLC AND LLC DOCUMENT SENT IN WITHOUT MY PERMISSION)*  
of NORTH POINT NETWORKS LLC (Limited Liability Company)  
a limited liability company organized under the laws of the State of FLORIDA  
and affirm that the limited liability company has been notified in writing of the resignation.

  
\_\_\_\_\_  
(Signature of resigning manager, managing member or member)  
*SEE ABOVE COMMENT*

**FILING FEE IS \$25.00**

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314