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(Requestor's Name)				
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(City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

Division of Corporations SUBJECT: COMMAND CONTROL COMMUNICATIONS, ENGINEERING & LOGISTICS, LLC (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Billie J. McDuffee (Contact Person) C3EL (Firm/Company) 1907 N US Highway 301 Unit #190 (Address) Tampa, Fl 33619 (City/State and Zip Code) For further information concerning this matter, please call: Billie J. McDuffee (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy Malling Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section



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: COM	MAND CONTROL COMMUNICAT	TIONS, ENGINEERING & LOGIS	STICS, LLC
2. The Florida docu	ument/registration number assig	gned to this limited liability c	company is:
90-0827317		_ .	
3. The date this me	mber/manager withdrew/resign	ned or will withdraw/resign is	S: April 30, 2022
4. I, Fredlund, Katherine , hereby withdraw/resign as			as a
(Print N	ame of Person Resigning)		
Controler			
	(Print Title)		
	bility company and affirm the l	imited liability company has	been notified of my
resignation in wr	iting.		<u>ئ</u>
Signature of Di	sociating Member or Resignin	ng Manager	:
	,		<u> </u>
Filing Fee:	\$25.00 (Required)		122
Certified Copy:	\$30.00 (Optional)		