

MIG 0000004596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

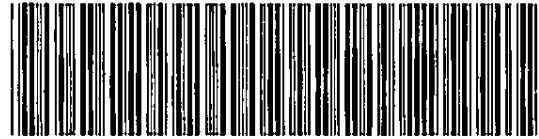
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAR 25 2022

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COMCONEXX, LLC, a foreign limited liability company  
\_\_\_\_\_  
(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:

Angela Sherrill, Esq.

\_\_\_\_\_  
(Contact Person)

Patrick Harper & Dixon L.L.P.

\_\_\_\_\_  
(Firm/Company)

P.O. Box 218

\_\_\_\_\_  
(Address)

Hickory, NC 28603

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Sherrill

828 322-7741  
at ( ) \_\_\_\_\_

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



2022 MAR 15 11:01 AM

SECRET

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)

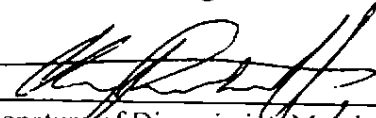
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: COMCONEXX, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
M16000004596

3. The date this member/manager withdrew/resigned or will withdraw/resign is: March 1, 2022

4. I, Chase Radcliff, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager and Member  
*(Print Title)*

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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