## M1600000 4596

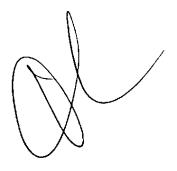
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## **COVER LETTER**

TO:	Registration Section			
	Division of Corporations			
SUBJ	COMCONEXX, LLC, a foreign limited	l liability con	npany	
	(Name of Limite	d Liability C	Company)	
The e	nclosed member, resignation or dissociat	ion and fee	e(s) are submitted for filing.	
Please	e return all correspondence concerning th	is matter to	o:	
Garret	t W. McIntyre, Esq.			
	(Contact Person)		<del></del>	
The M	IcIntyre Law Firm			527
	(Firm/Company)			-
1520 I	Royal Palm Square Blvd., Suite 210			 :_:
_	(Address)		<del>_</del>	
Fort M	1yers, FL 33919			c
	(City/State and Zip Code)		<del></del>	
For fi	urther information concerning this matter,	, please cal	II:	
Garret	t W. McIntyre, Esq.	239 at (	935-8426	
	(Name of Contact Person)		de & Daytime Telephone Number)	
	osed please find a check made payable to 5 Filing Fee		a Department of State for: ing Fee & Certified Copy	
	Mailing Address: Registration Section		Street Address: Registration Section	
	Division of Corporations		Division of Corporations	
	P.O. Box 6327 Tallahassec, FL 32314		The Centre of Tallahassee	<b>Ω1</b> Λ
	rananassee, FE 32314		2415 N. Monroe Street, Suite Tallahassee, FL 32303	OIU

CR2E079 (2/14)



## 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)

	e limited liability company as it appears on the records of the Fluconexx, LLC	orida Department
2. The Florida doc M16000004596	nument/registration number assigned to this limited liability com	ipany is:
4. I,Dayne Miller	ember/manager withdrew/resigned or will withdraw/resign is:	•
Manager	(Print Title)	; £.
of this limited lia resignation in w	ability company and affirm the limited liability company has be riting.	en notified of my
Signature of D	dissociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	