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COVER LETTER

TO:	Registration Section Division of Corporations		
	Division of Corporations		
SUBJ	COMCONEXX, LLC, a foreign lim	ited liability com	pany
	(Name of Lir	nited Liability Co	ompany)
The e	nclosed member, resignation or dissoc	ciation and fee	(s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to	:
Garret	t W. McIntyre, Esq.		
	(Contact Person)		
The M	clntyre Law Firm		20,721.
	(Firm/Company)		
1520 F	Royal Palm Square Blvd., Suite 210		<u>.</u> ज
	(Address)		
Fort M	lyers, FL 33919		
	(City/State and Zip Code)	 -	
For fu	irther information concerning this mat	ter, please call	l:
Garret	t W. McIntyre, Esq.	239 at (935-8426
	(Name of Contact Person)	(Area Coo	le & Daytime Telephone Number)
	sed please find a check made payable 5 Filing Fee		Department of State for: ng 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



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 a	s it appears on the records of the	e Florida Department
2. The Florida doc M16000004596	ument/registration number a	assigned to this limited liability o	company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign i	April 1, 2023
4. I, hereby withdraw/resign a, hereby withdraw/resign a			
Manager			
	(Print Title)		
of this limited lia resignation in w		he limited liability company has	been notified of my
	Forderick k. Green		
Signature of D	issociating Member or Resig	gning Manager	:
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		