

L04000081183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

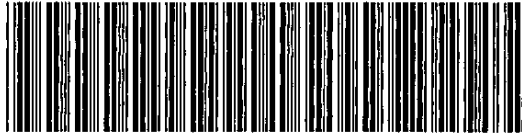
(Business Entity Name)

(Document Number)

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

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10/16/06--01037--013 \*\*25.00

**FILED**  
06 OCT 16 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

**PARACORP INCORPORATED**

(Name of Registered Agent)

, hereby resigns as

Registered Agent for **METONE COMMUNICATIONS LLC**

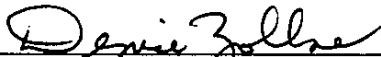
(Name of Limited Liability Company)

**L04000081183**

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

**Denise Zollner**

(Typed or Printed Name)

**Assistant Secretary of Paracorp**

(Capacity)

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TALLAHASSEE, FLORIDA

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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