## L04000081183

(Re	equestor's Name)		
(Ad	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	e #)	
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## TRANSMITTAL LETTER

SUBJECT: METONE COMMUNICATIONS LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L04000081183
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MONICA MASER (Name of Person)
PARACORP INCORPORATED  (Name of Firm/Company)
640 BERCUT DR #A (Address)
SACRAMENTO, CA 95814  (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at ( 888 ) 886-7166 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limitability company

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

INHS17(11/02)

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

Pursuant to the provisi	ons of section 608.416(2) or 608.509, Florida St	atutes, the undersigned,	
PARACORP INCORPORATED		, hereby resigns as	
	(Name of Registered Agent)	_, , ,	
Registered Agent for	METONE COMMUNICATIONS LLC		
	(Name of Limited Liability Company)		
L04000081183			
(Document Nu	mber, if known)		
	tion was mailed to the above listed limited liabilitied and the office discontinued on the 31st day at the continued of the signing Agent)		filed.
If signing on behalf of an entity:		SE SE	en mainte
	Denise Zollner	06 OCT 1 SECRETA ALLAHAS	
	(Typed or Printed Name) Assistant Secretary of Paracorp	SKRY 6	
	(Capacity)	PM 12: 06  OF STATE E. FLORIDA	

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