Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number: 120070000020 Phone

: (813)435-3176

Fax Number

: (813)333-6358

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT RESIGNATION OPTIMAL TECH SYSTEMS, LLC

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MAR 2 6 2014

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115, Florida Statutes, the und | ersigned, | | | |
|--|--------------------------|---|-------------|----------|
| THE LAW OFFICES OF SPRADLIN, PLLC | , hereby resigns as | | | |
| Name of Registered Agent | _, | 泽 抱。 | 102 | |
| Registered Agent for OPTIMAL TECH SYSTEMS, LLC | | <u>≯;</u> | _ <u></u> | |
| | | ASS. | 2014 MAR 25 | ings ore |
| Name of Limited Liability Company | | 1000 1000 1000 1000 1000 1000 1000 100 | | į [T |
| L0900C031319 | | 1 5 E | 7E | [|
| Document Number, if known | | PATE BRIDA | (C) | |
| A copy o this resignation was mailed to the above listed limited liability | y company at its last kn | | SS. | |
| The agency is terminated and the office discontinued on the 31st day aft | er the date on which the | is statemer | nt is filed | i. |
| Signature of Resigning Agent If signing on behalf of an entity: | | | | |
| NICKOLAS J. SPRADLIN | | | | |
| Typed or Printed Name | | | | |
| CEO | | | | |
| Capacity | | | | |

FILING FEES:

Active limited liability company
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withdrawn limited liability company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