

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000275168 3)))



H160002751683ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

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

~ A T	Address:	

## LLC REGISTERED AGENT RESIGNATION OPTIMUS MSO III, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

MOV 0 8 2016

Electronic Filing Menu

Corporate Filing Menu

Help

PAGE 02/02

H16000275168

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

a manager to me broaking				muckai Ruen'			
Jok	GE L.	VEC	5A _	, hereby	resigns as		
N	ame of Registered Age	nt					
Registered Agent for	OPTIH	US	MSO	Ш	LLC		
	Name of Lin	uted Liabili	ty Company	<del></del>			•
L 11000	101882						
Document Numb	er, if known						
A copy of this resignation		/ <u>~</u> .	]				
The agency is terminated a	and the office disco	=4	of Resigning Ag	_	e on which th	A.	
If signing on behalf of an e	entity:	7	, •			ECRETARY LLAHASSE	TI TI
_	i	Typed or Prin	nted Name		<del></del>		
•		Capacity	Y :	a		55 C	= 53

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withdrawn limited liability company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

INHS17 (2/14)