

FOUWU01519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

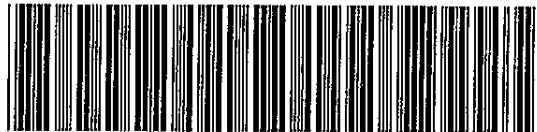
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300032603683

04/19/04--01059--008 **140.00

CLERK OF STATE
ALLAHASSEE, FLORIDA

04 APR 19 PM 4:12

FILED

BS 4/20/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAN-CONNECTS, INC. (TN. DOM.)
(Name of Corporation)

DOCUMENT NUMBER: F00000001519

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THERESA ALFIERI
(Name of Person)

C T CORPORATION SYSTEM
(Name of Firm/Company)

111 8TH AVENUE - 13TH FLOOR
(Address)

NEW YORK, NEW YORK 10011
(City/State and Zip Code)

For further information concerning this matter, please call:

THERESA ALFIERI at (212) 894 - 8516
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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

CR2E046(11/02)

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED

04 APR 19 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, C T CORPORATION SYSTEM
(Name of Registered Agent)

hereby resigns as Registered Agent for LAN-CONNECTS, INC. (TN. DOM.)
(Name of Corporation)

F00000001519

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

C T CORPORATION SYSTEM - THERESA ALFIERI

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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