F01000001815

| (Re | equestor's Name) | |
|-------------------------|-------------------|--------------|
| (Ac | ldress) | |
| (Ac | ddress) | |
| , (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Вс | usiness Entity Na | me) |
| (Do | ocument Number |) |
| Certified Copies | _ Certificate | es of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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resignation ObRA

> DEPARTMENT DO PLATE DIVISION OF CORYDINATIONS TALL ANASSEEF FLORIDA

RECEIVED
12 JAN 23 AN IB: 56

FILED 2012 JAN 23 PH 3-16 SECRETARY OF STATE FALLAHASSEE FLORIDE

DR 1/23/12



ACCOUNT NO. : I2000000195

REFERENCE : 066933

AUTHORIZATION (

COST LIMIT

ORDER DATE: January 19, 2012

ORDER TIME : 9:45 AM

ORDER NO. : 066933-150

CUSTOMER NO: 7819783

FOREIGN FILINGS

NAME:

TELECOM NEW ZEALAND

COMMUNICATIONS (USA) LIMITED,

INC.

| XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY |
|---|
| XXXX AMENDMENT |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER:

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2012 JAN 23 PM 3 16

SECRETARY OF STATE TALLAHASSEE FLORIDA

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 6 | 07.1509, or 61 7 .1509, |
|---|------------------------------------|
| Florida Statutes, the undersigned, TCS Corporate Services, | Inc. |
| (Name of Regis | |
| Telecom New Zealand Comm | unications (USA)Limited, Inc. |
| hereby resigns as Registered Agent for(Name of Con | poration) , |
| F01000001815 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed to the above listed corporati | on at its last known address. |
| The agency is terminated and the office discontinued on the 31st d this statement is filed. | ay after the date on which |
| Millet | |
| (Signature of Resigning Agent) | |
| If signing on behalf of an entity: | |
| Keith Nichols | |
| (Typed or Printed Name) | |
| Vice President | |
| (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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