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		(Req	uestor's Nam	e)		
		(Add	ress)			
	<u> </u>	(Add	ress)			
		(City/	/State/Zip/Pho	one #)		
	PICK-	UP				
		(Busi	ness Entity N	ame)		
		(Doci	ument Numbe	er)		<u> </u>
Certifi	ed Copies		Certificat	es of S	Status	
Spe	cial Instructio	ns to Fi	ling Officer:]
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

ORION JELFCOM OPERATING CORP. (Name of Corporation) SUBJECT:_

DOCUMENT NUMBER: <u>F0100006600</u>

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:

W. GLENN REDDEN (Name of Person)

(Name of Firm/Company)

4919 SILVER FERN DRIVE (Address)

SARASOTA, FL 34241 (City/State and Zip Code)

For further information concerning this matter, please call:

FEB 25 H

W. GLENN REDPEN at (941) 378-4011 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, <u>W. CLENN REDDEN</u> (Name of Registered Agent)
hereby resigns as Registered Agent for <u>ORION TELE COM OPERATING</u> CORPORATION

<u>FOI00006600</u> (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:

(Typed or Printed Name)

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FILED

(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withdrawn corporation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 Tallabassee, FL 32314