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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of State	us
Special Instructions to Filing Officer:	
Office Use Only	

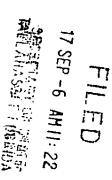


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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: UNITED STATES TOWER SERVICES, LIMITED

(Name of Corporation)

DOCUMENT NUMBER: F05000000866

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:

Amanda Archambault

(Name of Person)

COGENCY GLOBAL INC.

(Name of Firm/Company)

850 New Burton Rd Suite 200

(Address)

Dover, DE 19904

(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Archambault

.... 866

621-3524 ext. 3041

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address:

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

<u> </u>			
	ions 607.0502(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersioned	COGENCY GLOBAL INC.		
li l	(Name of Registered Agent)		
	UNITED STATES TOWER SERVICES, LIMITED		
nereby resigns as Registered Age	(Name of Corporation)		
F05000000866	,		
(Document Number, if known)			
A copy of this resignation was m	niled 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.	with the discontinued on the state day after the date on which		
		!7	
	Macha more of	贸	•
<u> </u>	(Signature of Resigning Agent)	P-6 AH 11: 22	
	(Anginitare of Acaigning Agent)		
If signing on behalf of an entity:	200	=	
	Table 19	•••	
Amanda A	rchambault 👮	22	
-	(Typed or Printed Name)		
Assistant	Poeretary		
Assistant	<u> </u>		
	(Capacity)		
Fee fo	 r filing this document:		
·	Active Corporation		
\$35.00	Administratively dissolved/voluntarily dissolved/		
	withdrawn corporation		
Make checks o	 ayable to Florida Department of State and mail to:		
	Division of Corporations		
	P.O. Box 6327		

Tallahassee, FL 32314