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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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ACCOUNT NO. : 12000000195 REFERENCE : _066933 7819783 AUTHORIZATION Spelle Kenan \$ 35.00 COST LIMIT ORDER DATE: January 19, 2012 ORDER TIME : 9:47 AM ORDER NO. : 066933-160 CUSTOMER NO: 7819783 FOREIGN FILINGS NAME: TELEFYNE INCORPORATED 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

EXAMINER:

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

. FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2012 JAN 23 PM 3 31

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, TCS Corporate Services, Inc. |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for Telefyne Incorporated |
| (Name of Corporation) |
| F06000006071 |
| (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. |
| Vill William |
| (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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