F22000003351

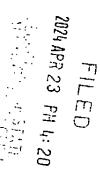
(Requ	uestor's Name)	
(Addr	ess)	
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(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
,	J. HORI	NE
Special Instructions to Fil		





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Secretary of State

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Resignation of Registered Agent for a Corporation

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: (800) 345-4647 Fax: (800) 432-3622

regagent@capitolservices.com

DATE: STATE:

4/17/2024 FLORIDA

REP UNIT:

ROAMING NETWORKS INC.

Enclosed for filing please find a Resignation of Registered Agent for a Corporation for the above referenced name, which is to be filed in your office. Enclosed is check # 34178 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Decrease as the association of accessors 607	(0502/2) 417 0502/2) 407 1500 0-417 1500°
	2.0503(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned, Capito	(Name of Registered Agent)
hereby resigns as Registered Agent for	(Value of Registerea Agent)
ROAMING NETWORKS INC.	
F22000003351	(Name of Corporation)
(Document Number, if known)	-
A copy of this resignation was mailed to t	the above listed corporation at its last known address.
The agency is terminated and the office d this statement is filed.	iscontinued on the 31st day after the date on which
	(0)
(Sigh	ature of Resigning Agent)
If signing on behalf of an entity:	
Y	vette Cleveland
(Ty	yped or Printed Name)
As	ssistant Secretary

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

·
Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, Capitol Corporate Services, Inc. (Name of Registered Agent)
FOR A CORPORATION
Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Capitol Corporate Services, Inc.
hereby resigns as Registered Agent for (Name of Registered Agent)
ROAMING NETWORKS INC.
(Name of Corporation) F2200003351
(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:
Yvette Cleveland
(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

