F98000002226

| (Re | questor's Name) | <u> </u> |
|---|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAIL |
| . (Bu | siness Entity Nam | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | ; |

Office Use Only



100162650261

100162650261 11/24/09-01050-017 **175 no

2009 NOV 24 AM 9: 5

R.A. Resign.

TE

DEC - 2 2009

 111 Eighth Avenue
 212 894 8940 tel

 New York, NY 10011
 212 590 9180 fax www.ctlegalsolutions.co

 www.ctlegalsolutions.com

November 16, 2009

RE: 1-800 RECONEX, INC. (OR. DOM.)

BUTLER TELECOM, INC. (DE. DOM.)

EFS REAL ESTATE INFORMATION SERVICES, INC. (PA. DOM.)

INCODE TELECOM GROUP, INC. (DE. DOM.)

MRU LENDING, INC. (DE. DOM.)

Department of State **Division of Corporations** Clifton Building 261 Executive Center Circle Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1 check in the amount 175. 00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

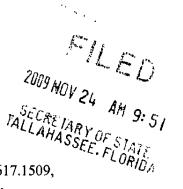
C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & **Assistant Secretary**

TA:lf Enclosure

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION



| Pursuant to the provisions of sections 6 | 07.0502(2), 617.0502(2), 607.1509, or 617.1509, | |
|--|---|--|
| Florida Statutes, the undersigned, | C T CORPORATION SYSTEM | |
| | (Name of Registered Agent) | |
| hereby resigns as Registered Agent for | 1-800 RECONEX, INC. (OR. DOM.) | |
| | (Name of Corporation) | |
| F98000002226 | | |
| (Document Number, if known) | | |
| A copy of this resignation was mailed to | o the above listed corporation at its last known address. | |
| The agency is terminated and the office this statement is filed. | discontinued on the 31st day after the date on which | |
| (Si ₁ | gnature of Resigning Agent) | |
| If signing on behalf of an entity: | • | |
| C T CORPORAT | ΓΙΟΝ SYSTEM - THERESA ALFIERI | |
| | Typed or Printed Name) | |
| AS | SISTANT 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