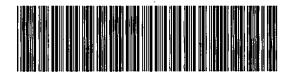
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Special Instructions to Fil	ing Officer:			
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N. Culligan AUG 3 0 2010

## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

SUBJECT:	North Coast	Tec	<u>:hnolog</u>	gies, L.L	C	
	Name of Li	mited	Liability	Company		
DOCUMENT NUMBER	:	L0000006741				
The enclosed Resignation for filing.	of Registered Agent	t for	a Limite	d Liability	Company and	fee are submitted
Please return all correspon	dence concerning th	nis m	atter to t	he follow	ing:	
Micha Nam	ael J Kenny ne of Person	<del></del>	<del></del>	<u>-</u>		
	Technologies L.L.C Firm/Company	<u> </u>		-		
	xington Road Address			-		
Concor City/Sta	rd, MA 01742 te and Zip Code			_		
mkckml E-mail address: (to be use	kmjk@aol.com d for future annual repo	rt not	ification)	_		
For further information co	ncerning this matter	, ple	ase call:			
Michael J Ke Name of Pe	enny a rson	at (	978 Area Cod	) & Daytin	697-6523 ne Telephone Nu	mber
Enclosed is a check made liability company or \$25.0 limited liability company.	payable to the Flori 0 for an administrat	da D ively	epartmer dissolv	nt of State ed, volunt	for \$85.00 for arily dissolved	an active limited or withdrawn

### **MAILING ADDRESS:**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

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

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ction 608.416(2) or 608.509,	Florida Statutes, the undersig	ned,
Carol	Ann Kaminski	, hereby resigns	as
	f Registered Agent	, , , , , , , , , , , , , , , , , , , ,	
Registered Agent for	North Coast	Technologies, L.L.C.	
	Name of Limited Liability Con	npany	,
L00000057	41		
Document Number, if	known		
A copy of this resignation was	mailed to the above listed lim	ited liability company at its la	ast known address.
The agency is terminated and the	ne office discontinued on the	31st day after the date on whi	ch this statement is filed.
<del></del>	Carol a K	Signing Agent	FIL 10 AUG 27 SECRETAR TALLAHASS
If signing on behalf of an entity	r:		, and the same of
<del> </del>	Typed or Printed N	ame	AMII: 00 AMII: 00 OF STATE E, FLORID
	Canacity		

**FILING FEES:** 

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314