

LO10000001653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

3/15 P/A Resign

LO1-1653

Office Use Only



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03/15/04--01078--009 \*\*85.00

**MJH**

04 MAR 15 PM 2:06

04 MAR 15 PM 2:06

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INTELLIGENT SWITCHING & SOFTWARE, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L01000001653

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sherry Gale

(Name of Person)

TCS Corporate Services, Inc.

(Name of Firm/Company)

1720 Windward Concourse, Ste 250

(Address)

Alpharetta, GA 30005

(City/State and Zip Code)

For further information concerning this matter, please call:

Sherry Gale

(Name of Person)

at ( 678 ) 775-2250

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

TCS Corporate Services, Inc.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Intelligent Switching and Software, LLC

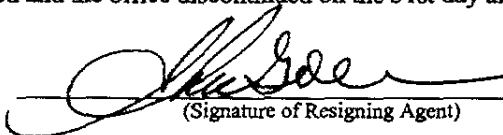
(Name of Limited Liability Company)

L01000001653

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company 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:

Sherry Gale

(Typed or Printed Name)

Corporate Administration

(Capacity)

FILED  
04 MAR 15 PM 2:06  
TALLAHASSEE, FLORIDA

### FILING FEES:

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