

20/0000/4892

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

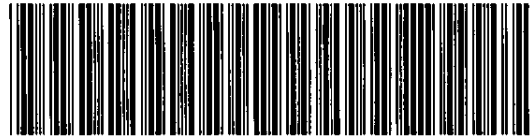
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SECRET OF STATE
TALLAHASSEE, FLORIDA

2013 SEP 30 PM 09

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INOC, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L01000014892

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:

Ronald R. Austin

Name of Person

Austin Law Firm

Name of Firm/Company

1354 North Laura Street

Address

Jacksonville, Florida 32206

City/State and Zip Code

rra@austinandaustinlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald Austin

Name of Person

at (904) 346.3001

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2013 SEP 30 PM 12:03
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

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,

Ronald R. Austin

, hereby resigns as

Name of Registered Agent

Registered Agent for **INOC, LLC**

Name of Limited Liability Company

L01000014892

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:

Typed or Printed Name

Capacity

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