

20/0000/4892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

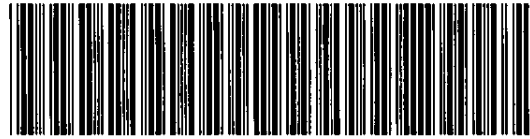
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 at ( 904 ) 346.3001  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2013 SEP 30 PM 09  
FILED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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**

FILED  
2013 SEP 30 PM 1:03  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS