L0/000/5/70 FILED APR 17 PM 12: 49

SLUNCTART OF STATE TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

FILED 03 APR 17 PM 12: 09

TALLAHASSEE, FLORIDA

Lift Station Services LLC (Name of Limited Liability Company) L01000015170 DOCUMENT NUMBER:____ 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: Diane Fôgo (Name of Person) Venture Telecommunications (Name of Firm/Company) 9050 58th Drive East (Address) Bradenton, FL 34202 (City/State and Zip Code) For further information concerning this matter, please call: Diane Fogo

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

liability company.

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

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

TO:

Amendment Section Division of Corporations

FILED

RESIGNATION OF REGISTERED AGENT FOR A LHYLEFT PM 12: 09 LIABILITY COMPANY

SCUKETARY OF STATE FALLAHASSEE, FLORIDA

Pursuant to the provisions of	of section 608.416(2) or 60	J8.509, Fiorida	Statutes, the un	iersigned,	
Diane Fo	go	, hereby resigns as			
(N	ame of Registered Agent)			-	
Registered Agent for	Lift Station	Services	LLC		
	(Name of Limited Lial	bility Company)			-
L01000015170					
(Document Number,	11 known)				
A copy of this resignation v	vas mailed to the above lis	sted limited liab	ility company a	t its last known add	ress.
The agency is terminated ar	nd the office discontinued	on the 31st day	after the date o	n which this statem	ent is filed.
-	(Signature of E	Lesighing Agent)		-	
If signing on behalf of an er	ntity:			=	
	Diane Fogo				
	(Typed or)	Printed Name)		- · -·	
	(Capa	city)			

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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