

**LD1000018824**

Florida Department of State  
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((H040002188203)))

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To:

Division of Corporations  
Fax Number : (850) 205-0380

From:

Account Name : Katz Barron Squitero Faust  
Account Number : 072627002473  
Phone : (305) 856-2444  
Fax Number : (305) 285-9227

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**REGISTERED AGENT RESIGNATION**

**UNITED NET SERVICES, LLC**

Certificate of Status	0
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Rs 11/3/04  
P.A. Res.

Nov-02-04 06:38pm From-Katz Barron Squitiero & Faust, P.A.

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Fax Audit Number: H04000218820 3

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** United Net Services,LLC

(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L01000018824

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:

Anna Krimshtein

(Name of Person)

Katz Barron Squitiero Faust

(Name of Firm/Company)

2699 South Bayshore Drive

(Address)

Miami, FL 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

Anna Krimshtein

(Name of Person)

at ( 305 ) 856-2444

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

(NRS17(11/02))

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## 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,  
Corpro, Inc.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for United Net Services, LLC

(Name of Limited Liability Company)

L01000018824

(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.

Carla E. English  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Enica L. English  
(Typed or Printed Name)  
Vice President  
(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

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