

Apr. 19. 2004 10:22AM  
Division of Corporations

(407) 841-7182

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**L020000006993**

Florida Department of State  
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To:

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

From:

Account Name : PHILIP K. CALANDRINO, P.A.  
Account Number : I20000000241  
Phone : (407) 351-5775  
Fax Number : (407) 351-5688

RECEIVED  
04 APR 19 AM 10:28  
DIVISION OF CORPORATIONS

**REGISTERED AGENT RESIGNATION**

**METROQUEST, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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*RA Resign.*  
*04/19/04*

Apr. 19. 2004, 10:22AM (407) 841-7282, :00 PAUL 1/1 HIGHLEAF No. 6807 P. 1/4

Department of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 19, 2004

METROQUEST, LLC  
9111 PHILLIPS GROVE TERRACE  
ORLANDO, FL 32819

SUBJECT: METROQUEST, LLC  
REF: L02000006993

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Your document reflects the wrong document number. The correct document number is L02000006993. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6027.

Michelle Milligan  
Document Specialist

FAX Aud. #: HD4000081759  
Letter Number: 504A00025492

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** METROQUEST, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L02000006993

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:

PHILIP K. CALANDRINO  
(Name of Person)

PHILIP K. CALANDRINO, P.A.  
(Name of Firm/Company)

7232 SAND LAKE ROAD, SUITE 201  
(Address)

ORLANDO, FLORIDA 32819  
(City/State and Zip Code)

For further information concerning this matter, please call:

PHILIP K. CALANDRINO at ( 407 ) 841-7280  
(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  
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,

PHILIP K. CALANDRINO, P.A.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for METROQUEST, LLC

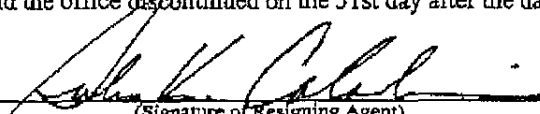
(Name of Limited Liability Company)

LO2000006993

(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:

PHILIP K. CALANDRINO, P.A.

(Typed or Printed Name)

PRESIDENT/DIRECTOR

(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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