## 1.02000008773

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Net/Complete, LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: L02000008773
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:
Duane Coffey
(Name of Person)
Net/Complete, LLC
(Name of Firm/Company)
7006 Stapoint Ct, Suite E
(Address)
Winter Park, FL 32792
(City/State and Zip Code)
For further information concerning this matter, please call:  Chris Dowdy  at (407 ) 467-2346  (Name of Person) (Area Code & Daytime Telephone Number)
Chris Dowdy at ( 407 ) 467-2346
Chris Dowdy at (407 ) 467-2346 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	Chris	Dowly		, hereby resign	as <u>Mem</u>	les
					(Tit	le)
of	Net!	Complet	<, LLC			
	·	r	(Limited Liabi	lity Company)		
a limited	d liability co	ompany organiz	ed under the la	ws of the State of	Florid	la
and affin	rm that the	limited liability	company has t	peen notified in wi	riting of the res	ignation.
		-dm	~ CT~	ع ا		
	(Si	ignature of resig	ming manager	managing membe	er or mambar)	•

## FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tailahassee, FL 32314