

L020000008978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

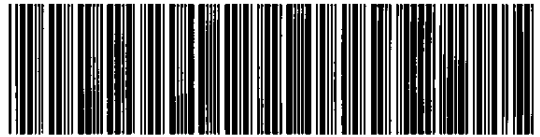
Special Instructions to Filing Officer:

**A. LUNT**

SEP 29 2009

**EXAMINER**

Office Use Only



000156015940

09/28/09--01058--019 \*\*50.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 SEP 28 PM 3:16

FILED

September 21, 2009

RE: THE PARTNERS NETWORK, LLC  
RESOURCE RECOVERY, LLC

(FL. DOM.)  
(CA. DOM.)

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2009 SEP 28 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 checks in the amount of \$50.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

*Theresa Alfieri*

Theresa Alfieri  
Senior Supervisor &  
Assistant Secretary

TA/hm  
Enclosure

## 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,

C T CORPORATION SYSTEM, hereby resigns as  
(Name of Registered Agent)

Registered Agent for THE PARTNERS NETWORK, LLC (FL. DOM.)

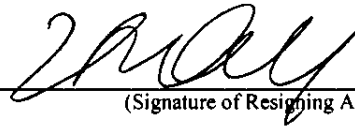
(Name of Limited Liability Company)

L02000008978

(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:

C T CORPORATION SYSTEM - Theresa Alfieri

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 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