494910000 Requester's Name www.rxfiles.net The RxFiles.Net Corporation, 342 Tamiami Trail South, Nokomis, Florida 34275

*****85.00 *****85.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

(Corporation Name)	(Document #)	· · ·
Corporation Name)	(Document #)	O2 AU
Corporation Name)	(Document #)	G 6 AM
4(Corporation Name)	(Document #)	<u> </u>
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait		ified Copy ificate of Status
NEW FILINGS	AMENDMENTS	·
 □ Profit □ Not for Profit □ Limited Liability □ Domestication □ Other 	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFIC	ATION CO
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	ATION AT
	Exam	iner's Initials

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 13, 2002

THE RXFILES.NET CORPORATION 342 TAMIAMI TRAIL SOUTH NOKOMIS, FL 34275

SUBJECT: INTERNEC, LLC Ref. Number: L02000016464

We have received your document for INTERNEC, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Our records reflect the current registered agent being THE RXFILES CORPORATION and **NOT** MARIA MISHKINO.

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) 245-6906.

Darlene Connell Corporate Specialist

Letter Number: 502A00047783

OZ M. 18 AM 9: 18
DIVISIUAL DE CORPORATIONS

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,		
The RX Files Corporation, hereby resigns as (Name of Registered Agent)		
(Name of Registered Agent)		
Registered Agent for		
(Name of Limited Liability Company)		
A copy of this resignation was mailed to the above listed limited liability company at its last known a The agency is terminated and the office discontinued on the 31st day after the date on which this sta		
is filed.	_	
(Signature of resigning agent)	02 AUG 1.6	
If signing on behalf of an entity:		
Maria Mishkind	AM 11: 53	U
(Typed or printed name)	ယ	

FILING FEES: \$ 85.00 Active \$ 25.00 Disso Active Limited Liability Company Dissolved Limited Liability Company

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

(Capacity)

INHS17(10/99)