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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

L. SELLERS

FEB -4 2011

From:

Account Name : MCGUIRE WOODS LLP
Account Number : 071075000166
Phone : (904)798-3200
Fax Number : (904)798-2696

EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC REGISTERED AGENT RESIGNATION
CONN-X, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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FAX NO.

P. 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,

RAX CO.

, hereby resigns as

Name of Registered Agent

Registered Agent for

Conn-X, LLC

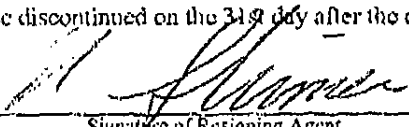
Name of Limited Liability Company

L01000046941

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:

Halcyon E. Skinner

Typed or Printed Name

President of RAX Co.

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INIIS17 (08/05)

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