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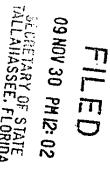
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D. BRUCE

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EXAMINER

COVER LETTER

SUBJECT: DEFENSE SYSTEMS AND SERVICES LLC					
SUBJECT: DEFENSE SYSTEMS AND SERVICES LLC Name of Limited Liability Company					
DOCUMENT NUMBER: <u>L04000056499</u>					
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:					
Edward Chambers Name of Person					
Advanced Tax Centre Inc Name of Firm/Company					
3819 Murrell Road Suite E Address					
Rockledge FL 32955 City/State and Zip Code	η				
atc@advancedtaxcentre.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	7				
Edward Chambers at (321) 636-8561 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608	8.509, Florida Statutes, the	undersigned,	
Advanced Tax Centre Inc , hereby resigns as				
	Name of Registered Agent	,	y congress and	
Registered Agent for	Defense	Systems and Service	s LLC	
	Name of Limited Liabil	lity Company	,	
	0056499			
Document N	umber, if known			
A copy of this resignati	on was mailed to the above list	ed limited liability compar	ny at its last known address.	
The agency is terminate	De au Claule		O-TAN CENTRE/NC	
If signing on behalf of a	nn entity:			
	Edward Chambers - Ad	Ivanced Tax Centre II	nc	
	Typed or Printed Name			
	Vice President President		P _S	
	Capaci	ty	NOV:	
	FILING FEES: \$ 85.00 Active \$ 25.00 Admin withday	e limited liability company nistratively dissolved/ volu rawn limited liability com	AHASSEE, FLOOR OF STATE OF STA	

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