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Division of Corporations

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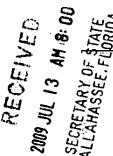
: INCORPORATING SERVICES FL

Account Number : I20050000052

: (302)531-0855

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# REGISTERED AGENT RESIGNATION

COMPONENT SOUTH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	<del>\$35.00 ≾</del> .

\$ 25.80

Electronic Filing Menu

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No. 6361 P. 2

H09000152654 3

COVER LETTER	
TO: Amendment Section Division of Corporations	
SUBJECT: COMPONENT SOUTH, LLC (Name of Limited Liability Company)	
DOCUMENT NUMBER: L04000059237	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submit for filing.	ted
Please return all correspondence concerning this matter to the following:	
TUNISHA SCOTT	
(Name of Person)	
INCORPORATING SERVICES, LTD. (Name of Firm/Company)	
3500 S. DUPONT HWY	
(Address)	
DOVER, DE 19901	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
TUNISHA SCOTT at ( 302 ) 531.0855  (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

**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

H09000152654 3

## 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,	
INCORPORATING SERVICES, LTD. , hereby resigns as	2 Z
(Name of Registered Agent)	SEC TSIC
Registered Agent for COMPONENT SOUTH, LLC	
	3 5
(Name of Limited Liability Company)	A
L04000059237	STATE ORATIO 9: 49
(Document Number, if known)	<b>*</b>
A copy of this resignation was mailed to the above listed limited liability company at its last know	wn address.
The agency is terminated and the office discontinued on the 31st day after the date on which this  (Signature of Resigning Agent)  If signing on behalf of an entity:	statement is filed.
WANDA Y. BLANKENSHIP	
(Typed or Printed Name)	
ASSISTANT SECRETARY	
(Capacity)	

FILING \$ 85.00 \$ 25.00

Active limited liability company
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