L04000070523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 29 2006

# TRANSMITTAL LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** ZILLACOM, LLC
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L04000070523

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:

Nicole Pierce
(Name of Person)

BUSINESS FILINGS INCORPORATED
(Name of Firm/Company)

8025 Excelsior Drive, Suite 200
(Address)

Madison, WI 53717
(City/State and Zip Code)

For further information concerning this matter, please call:

Nicole Pierce at ( 608 ) 827-5300 ext. 274
(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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
409 E. Gaines Street
Tallahassee, FL 32399

INHS17(11/02)

# 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,

BUSINESS FILINGS INCORPORATED , hereby resigns as
(Name of Registered Agent)

Registered Agent for ZILLACOM, LLC

,
(Name of Limited Liability Company)

L04000070523
(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.

Nicole Pierce
(Signature of Resigning Agent)

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06 JUN 27 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If signing on behalf of an entity:

Nicole Pierce
(Typed or Printed Name)

Asst. Sec. of Business Filings Incorporated
(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$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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**