

L04000076609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Sam*

Office Use Only



100083862361

01/16/07--01039--010 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JAN 16 PM 1:52

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Source One Technologies, LLC.  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L04000076609

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:

David G. Dreslin

(Name of Person)

Dreslin Financial Services, Inc.

(Name of Firm/Company)

7985 113th Street, Suite 220

(Address)

Seminole, Florida 33772

(City/State and Zip Code)

For further information concerning this matter, please call:

Davdi G. Dreslin

(Name of Person)

at ( 727 ) 393-7439

(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## 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,

Dreslin Financial Services, Inc.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Source One Technologies, LLC.

(Name of Limited Liability Company)

L04000076609

(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:

David G. Dreslin

(Typed or Printed Name)

President

(Capacity)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JAN 16 PM 1:52

### **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