

L04000092832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

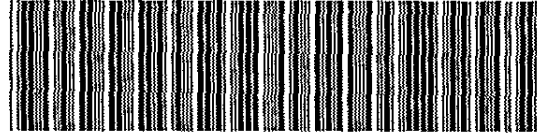
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Charter Connection LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L04000092832

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:

Tommy BARRAZA
(Name of Person)

N/A
(Name of Firm/Company)

P.O. BOX 140882
(Address)

Orlando, FL 32814
(City/State and Zip Code)

For further information concerning this matter, please call:

Tommy BARRAZA at (407) 832-8034
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2006 SEP 21 P 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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,

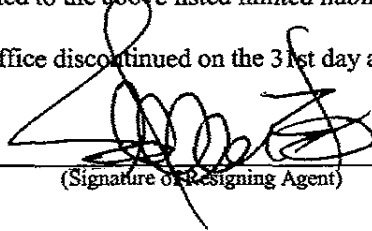
Tommy BARRAZA, hereby resigns as
(Name of Registered Agent)

Registered Agent for The Charter Connection, LLC
(Name of Limited Liability Company)

L04000092832
(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:

(Typed or Printed Name)

(Capacity)

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2008 SEP 27 P 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

September 26, 2006

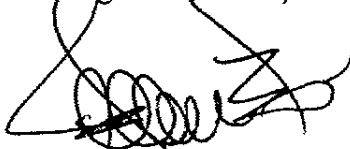
To whom it may concern,

I have filed Resignation of Registered Agent for a limited liability company on August 15, 2006. I have not heard from the agency nor have seen a change of on the website removing my name. I have enclosed a photocopy of the envelope that reflects the post office date stamp as proof of the date of filing.

Enclosed I have once again filled out proper documentation and sent a new check for processing. I have placed a stop payment on previous check; if eventually received please do not cash check.

I request that you grant my request and date my resignation effective the date I originally sent the documents that I have proved was mailed out back then.

To greater success,



Tommy Barraza
P.O. Box 140882
Orlando, Florida 32814

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2006 SEP 27 P 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA