## 1-1-05000003/62

(Requestor's Name)  (Address)  (Address)	400162480034	
(City/State/Zip/Phone #)		
(Business Entity Name)	 	
(Document Number)		
Certified Copies Certificates of Status	FILED 2009 NOV -6 A 8: 55 SECRETARY OF STATE TALLAHASSEE. FLORIDA	

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Alesign Thewis 11-10-09

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: DOMAIN SERVICES INTERNATIONAL	L, LLC
DOCUMENT NUMBER: L05000003162	oration)
The enclosed Resignation of Registered Agent for a Cor	rporation and fee are submitted for filing.
Please return all correspondence concerning this matter	to the following:
JASON M GORDON	
(Name of Person)	<del></del>
GORDON & CORNELL	
(Name of Firm/Company)	<del></del>
257 NORTH ORLANDO AVENUE	\
(Address)	<del></del>
COCOA BEACH, FL 32931	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, please ca	all:
JASON M GORDON at (321 (Area C	799-4777 Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607	7.0502(2), 617.0502(2), 607.1509, or 617	7.1509,
Florida Statutes, the undersigned,JAS	ON M GORDON (Name of Registered Agent)	
hereby resigns as Registered Agent for	DOMAIN SERVICES INTERNATION (Name of Corporation)	AL, LLC,
L05000003162	_	
(Document Number, if known)	_	
A copy of this resignation was mailed to	the above listed corporation at its last known	own address.
The agency is terminated and the office d this statement is filed.		on which
(Sign	nature of Resigning Agent)	
If signing on behalf of an entity:	yped or Printed Name)	TILLE I
	(Capacity)	B 55

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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