

L050000043311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

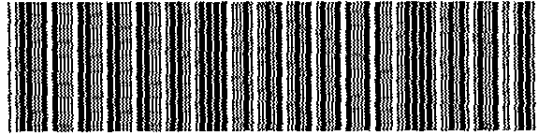
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Resignation
to
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FILED
06 JUL 26 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 JUL 26 PM 12:39
DEPT. OF REVENUE
DIVISION OF TAXES
TALLAHASSEE, FLORIDA

AOR
7/26/06



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 267564 4326591

AUTHORIZATION :

COST LIMIT : \$ 85

ORDER DATE : July 26, 2006

ORDER TIME : 11:30 AM

ORDER NO. : 267564-005

CUSTOMER NO: 4326591

DOMESTIC AMENDMENT FILING

NAME: NUTEL, LLC

EFFECTIVE DATE:

RESIGNATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER'S INITIALS: _____

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

Fowler White Boggs Banker P.A.

(Name of Registered Agent)

Registered Agent for NUTEL, LLC

(Name of Limited Liability Company)

L05000043311

(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:

R. Alan Higbee

(Typed or Printed Name)

Authorized Representative

(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withdrawn limited liability company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

FILED
JUL 26 PM 3:42
TALLAHASSEE, FLORIDA
SECRETARY OF STATE