

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052 : (302)531-0855 Fax Number : (850)656-7953

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Email Address:

LLC REGISTERED AGENT RESIGNATION BROADSTAR, LLC

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SEP - 3 2013

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J. BRYAN

8/28/2013

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TRANSMITTAL LETTER

MISNIG 29 M 8: 07 TO: Amendment Section Division of Corporations BROADSTAR, LLC SUBJECT: (Name of Limited Liability Company) DOCUMENT NUMBER: L05000048854 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: PHYLLIS D. BROWN (Name of Person) INCORPORATING SERVICES, LTD. (Name of Firm/Company) 3500 S DUPONT HWY (Address) **DOVER, DELAWARE 19901** (City/State and Zip Code) For further information concerning this matter, please call: PHYLLIS D. BROWN (Area Code & Daytime Telephone Number) (Name of Person)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY						
INCORPORATING SERVICES, LTD. (Name of Registered Agent)		, 1	, hereby resigns as			
Registered Agent for	* * * * * * * * * * * * * * * * * * * *				A	
	(Name of Limited Liability	(Company)			_,	
L05000048854						
(Document Num	ber, if known)					
A copy of this resignation	n was mailed to the above listed	limited liability co	mpany at its last	known address		
The agency is terminated	and the office discontinued on Management of Resignature of Resignation	Falle	ne date on which	this statement	is filed.	
If signing on behalf of a	entity:					
	AMY M. BALKE					
	(Typed or Print ASSISTANT SECRETAR					
	(Capacity)					

FILING FEES: \$ 85.00 Active \$ 25.00 Admit

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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