105000091887

(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 of Registered Agent for a Limited Liability Company

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767 Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE: 2/5/2009 FLORIDA

REP UNIT:

NEXUS HOLDINGS, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 15821 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

COVER LETTER

TO:	Amendment Section Division of Corporation	S
SUBJ	JECT:	NEXUS HOLDINGS, LLC (Name of Limited Liability Company)
DOC	UMENT NUMBER: <u>L05</u>	000091887
The e	nclosed Resignation of Reing.	gistered Agent for a Limited Liability Company and fee are submitted
Please	e return all correspondenc	e concerning this matter to the following:
	RHONDA I (Name of	MAYBIN Person)
	Capitol Corporate (Name of Firm	Services, Inc. n/Company)
	800 Brazos, (Addr	
	Austin, Texa (City/State an	s 78701 d Zip Code) ing this matter, please call:
roi it	irther information concern	ing this matter, please can.
	RHONDA MAYBII (Name of Person)	at (800) 345-4647 (Area Code & Daytime Telephone Number)
liabili	sed is a check made payal ity company or \$25.00 for d liability company.	ble to the Florida Department of State for \$85.00 for an active limited an administratively dissolved, voluntarily dissolved or withdrawn
	LING ADDRESS:	STREET ADDRESS:
	idment Section ion of Corporations	Amendment Section Division of Corporations
	Box 6327	Clifton Building
	hassee, FL 32314	2661 Executive Center Circle
	•	Tallahassee, FL 32301

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,					
CAPITOL C	ORPORATE SERVICES, INC.	, hereby resigns	s as		
(1	Name of Registered Agent)				
Registered Agent for	NEXUS H	OLDINGS, LLC			
	(Name of Limited Liability Com	pany)	, , , , , ,		
L05000091887					
(Document Number,	if known)				
A copy of this resignation	was mailed to the above listed limit	ed liability company at its l	ast known address.		
The agency is terminated	and the office discontinued on the 3	st day after the date on wh	ich this statement is filed.		
-	Chun (Signature of Resignature of Re	Herts gning Agent)			
If signing on behalf of an	entity:				
_	Cheryl Robert	ts	TAL SI		
	(Typed or Printed Na	me)	ECR LA		
_	President		HAZA TI		
	(Capacity)				
			6 K		
			FLS P		
			PRI T		
	FILING FEES:	l lightliter gammaner	\$m ≥		
	\$ 85.00 Active limited \$ 25.00 Administrativ withdrawn lin	l liability company ely dissolved/ voluntarily o nited liability company	dissolved/		

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