# L0500011024

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SECRETARY OF STATE DIVISION OF CORFORATIONS

C. LEWIS

OCT 29 2012

EXAMINER

#### **COVER LETTER**

TO: Amendment Section Division of Corporations
"#-
SUBJECT: Fones 2 Go, LLC  Name of Limited Liability Company
DOCUMENT NUMBER:
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:
Name of Person
Name of Firm/Company
103-30 68m Ave, Apt 46 Address
toreet Hills, NY 10375 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (347) 600-2009  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
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,		
CANDICE Soogein , hereby resigns as		
Name of Registered Agent		
Registered Agent for 1-ones 260, UC		-
Name of Limited Liability Company		_,
LO5000111024  Document Number, if known		
A copy of this resignation was mailed to the above listed limited liability company at its last known a	ddress.	
The agency is terminated and the office discontinued on the 31st day after the date on which this state	ement is	s filed.
Signature of Resigning Agent		
If signing on behalf of an entity:		
Typed or Printed Name		
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	2	ED Y OF STATE CORPORATION
FILING FEES: \$ 85.00 Active limited liability company	3	RAI RAI
\$ 25.00 Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	=	5. E

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