Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500 Fax Number : (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: processing@incorp.com

LLC REGISTERED AGENT RESIGNATION SEASIDE INTERNET, LLC

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TALLAHASSEF, FLORIDA

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Corporate Filing Menu

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COVER LETTER

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TO: Registration Section Division of Corporations

SUBJECT:	SEASIDE INTERNET, LLC				
_			Limited Liability	Company	
DOCUMEN	T NUMBER:_	L06000096	49 I		
The enclosed for filing.	Resignation of	Registered Age	ent for a Limited	Liability Company	y and fee are submitted
Please return	all corresponder	ice concerning	this matter to the	ne following:	
Janice Null					
	Name o	of Person		•	
InCorp Ser	vices, Inc.				
	Name of Fi	rm/Company	·	•	
2360 Corpo	orate Circle, Su	ıite 400			
	Ado	iress		-	
Henderson	ı, NV 89074		•		
	City/State a	ind Zip Code	······································	-	
processing	@incorp.com				
E-mail add	dress: (to be used fo	r future annual re	port notification)	-	
For further in	iformation conce	rning this mat	ter, please call:		
Janice Null	for InCorp Ser	vices, Inc.	702	866-2500	
	Name of Perso	n	Area Code	Daytime Telephon	e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011.	5, Florida Statutes, the u	ndersigned,			
InCorp Services, Inc.			, hereby resigns as			
	Name of Registered Ages	nt		, , norday rangua us		
Registered Agent for _	SEASIDE INTER	NET, LLC				
<u> </u>	Name of Lim	nited Liability Company		.		
L06000096491						
Document N	Number, if known					
A copy of this resignat	ion was mailed to the a	above listed limited liabil	lity company at its	last known address.		
The agency is terminate of signing on behalf of	Jan	Signature of Resigning Age	ull	hich this statement is filed.		
	Janice Null for In	nCorp Services, Inc.				
	Ţ	yped or Printed Name		TASE TO		
	Authorized Repr	resentative				
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabilit Administratively diss withdrawn limited lia	y company olved/ voluntarily ability company	dissolved/ dissolved/ dissolved/		

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

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