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SECRETARY OF STATE FALLAHASSEE, FLORID.

FILED

D. BRUCE

AUG 0 2 2012

EXAMINER

COVER LETTER

SUBJECT: MILLEN	NIUM DATA SEF	RVICES, LLC	
IN.	ame of Limited Liability	y Company	
DOCUMENT NUMBER:	L06000	109210	
The enclosed Resignation of Registe for filing.	red Agent for a Limite	d Liability Company and fee	are submitted
Please return all correspondence con	cerning this matter to t	the following:	
ALEXANDER J. H		_	
Name of Persor		-	
		_	
Name of Firm/Com	pany		
2358 PAWLEYS ISLA	ND PATH	_	
Address			IAT SI
THE VILLAGES, FLOR		_	PI AUG SECRET
City/State and Zip (Lode		FILL FILL ASSI
E-mail address: (to be used for future	annual report notification)	_	PHI2:
For further information concerning to	•		APPROVED AND FILED 2 AUG -1 PM 12: 02 CRETARY OF STATE LAHASSEE, FLORID,
ALEXANDER HIJAB	at (352) 603-5956	3
Name of Person		e & Daytime Telephone Number	 er

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

L

Amendment Section Division of Corporations

TO:

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 se	ction 608.416(2) or 608.509, Florida Statutes, the undersigned,		
MICHAE	L D. MILLHORN , hereby resigns as		
	of Registered Agent		
Registered Agent for	MILLENNIUM DATA SERVICES, LLC		
	Name of Limited Liability Company	,	
L060001092	10		
Document Number, if	known		
A copy of this resignation was	mailed to the above listed limited liability company at its last known	ı address.	
The agency is terminated and the	ne office discontinued on the 31st day after the date on which this standard of Resigning Agent	12 AUG SECRET	
If signing on behalf of an entity	<i>'</i> :	JUG - I RETARY AHASSE	APPR AI FIL
	Typed or Printed Name	PHI2: OF STA	
	Capacity	E C	_

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to:

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