Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H150001885913)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

: (702)866-2500

: (702)866-2689

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

> LLC REGISTERED AGENT RESIGNATION SEASIDE INTERNET - MARION, LLC

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

H1500188591 3

TO: Registration Section Division of Corporations

SUBJECT: SEASIDE INTERN	NET - MARION, LLC
	Name of Limited Liability Company
DOCUMENT NUMBER: LO	7000026703
The enclosed Resignation of Registo for filing.	ered Agent for a Limited Liability Company and fee are submitted
Please return all correspondence cor	cerning this matter to the following:
Janice Null	
Name of Perso	n
InCorp Services, Inc.	
Name of Firm/Con	прапу
2360 Corporate Circle, Suite 40	0
Address	
Henderson, NV 89074	
City/State and Zip	Code
processing@incorp.com	
E-mail address: (to be used for future	annual report notification)
For further information concerning t	this matter, please call:
Janice Null for InCorp Services,	at ()
Name of Person	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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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12:37:14 p.m. 08-04-2015 3/3

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0113	5, Florida Statutes, the unders	signed,		
InCorp Services	, Inc.	·	hereby resigns as		
	Name of Registered Agen				
Registered Agent for _	SEASIDE INTER	RNET - MARION, LLC			
	Nums of Lim	ited Liability Company		<u>.</u>	
L07000026703					
Document N	mber, if known				
A copy of this resignati	on was mailed to the a	bove listed limited liability co	ompany at its last k	nown addr	ess.
The agency is terminate	d and the office disco	ntinued on the 31st day after	the date on which t	his stateme	nt is filed.
If signing on behalf of a	an entity:	Signature of Resigning Agent			
	Janice Null for In	Corp Services, Inc.			
		yped or Printed Name		70 7	b
	Authorized Repr			EC E	
		Capacity			
·	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liability	i/voluntarily disso	SSCE.	ED 7:26

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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