L0700002613/

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ee)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: (Lternated Marketing + MANAGEMENT SERVICES International CCC (Name of Limited Liability Company)
DOCUMENT NUMBER: <u>4070000 2683/</u>
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)
(Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
MARK BRADLEY at (321) 439-5550 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 **LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

(Name of Registered Agent)
Registered Agent for Interacted Marketing + MANAGEMENT SERVICES
INTERNATIONAL LICE
(Name of Limited Liability Company)
1070000 26831
(Document Number, if known)
A copy of this resignation was mailed to the above listed limited liability company at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
MANAGING ME-BEK
(Capacity)

FILING FEES:

\$ 85.00

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withdrawn limited liability company \$ 25.00

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