

LO7000035303

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 23 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Encoded Solutions LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000035303

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:

Amy Jackson
Name of Person

Amy B. Jackson PA
Name of Firm/Company

476 Hwy A1A, Suite 5A
Address

Satellite Beach, FL 32937
City/State and Zip Code

Amy B. Jackson Esq @ gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Jackson at (321) 735-225
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
10 FEB 28 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,

Amy Blum Fossen, hereby resigns as
Name of Registered Agent

Registered Agent for Encoded Solutions, LLC
Name of Limited Liability Company

LO7000035303
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.

Amy Blum Fossen
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

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withdrawn limited liability company

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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10 FEB 24 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA