L07000059066

	(Re	equestor's Name)
	(Ad	idress)	
	(Ad	ldress)	
	(Cit	ty/State/Zip/Phor	ne #)
PIC	K-UP	☐ WAIT	MAIL
	(Bu	ısiness Entity Na	me)
	(Do	ocument Number)
Certified Copies	i	_ Certificate	es of Status

Special Instructions to Filing Officer:

A. LUNT

DEC -2 2011

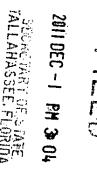
EXAMINER

Office Use Only



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09/26/11--01014--024 **85.00



COVER LETTER

SUBJECT:E	Beck Communications, LLC			
	Name of Limited Liability Company			
DOCUMENT NUMBER:	1BER: L07000059066			
The enclosed Resignation of Regis for filing.	stered Agent for a Limited Liability Company and fee are submitted			
Please return all correspondence co	oncerning this matter to the following:			
Peter Becken	bach			
Name of Pers				
Beck Communicat				
Name of Firm/Company				
2210 Ocean Wa	lk Drive			
Address				
Atlantic Beach, Flor City/State and Zip	rida 32233 p Code			
Pbeckenbach@ho E-mail address: (to be used for futur				
For further information concerning	this matter, please call:			
Peter Beckenbach Name of Person	at (904) 654-1083 Area Code & Daytime Telephone Number			
Enclosed is a check made payable liability company or \$25.00 for an limited liability company.	to the Florida Department of State for \$85.00 for an active limited administratively dissolved, voluntarily dissolved or withdrawn			

MAILING ADDRESS:

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 section 608.4	,	, ,	
Spregel + Utness	st, PA	, hereby resigns as	
Name of Registered	Agent		
Registered Agent for			1874 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	MUNICATIONS Limited Liability Company	LLC	,
L07000059066 Document Number, if known			
A copy of this resignation was mailed to the	ne above listed limited liabili	ty company at its last kn	own address.
The agency is terminated and the office dis	scontinued on the 31st day a	fter the date on which thi	is statements filed.
	Signature of Resigning Agen	Pres a Conf	DEC -1 CRETARY LAHASSE
If signing on behalf of an entity:			TOF SEE, FLO
Spie	Typed or Printed Name	a) PA	FLORID.
	Typed or Printed Name		F
	Consider		
	Capacity		

FILING FEES:

\$ 85.00 \$ 25.00

Active limited liability company
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