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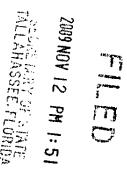
EXAMINER

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COVER LETTER

SUBJECT: CELLULAR TECHNOLOGIES INTERNATIONAL LLC. Name of Limited Liability Company					
DOCUMENT NUMBER: L0700	0090554				
The enclosed Resignation of Registered Agent for a Limifor filing.	ted Liability Company and fee are submitted				
Please return all correspondence concerning this matter to the following:					
RICHARD MATALON Name of Person	_				
Name of Firm/Company	200s				

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

8060 CLEARY BLVD APT 610 Address

PLANTATION/FL, 33324 City/State and Zip Code

RICHARD MATALON at (305) 282-0918

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Amendment Section Division of Corporations

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 608.416(2) or 608.50	9, Florida Statutes, the unde	ersigned,
	CHARD MATALON ame of Registered Agent	, hereby res	igns as
Registered Agent for		DLOGIES INTERNATION	ONAL LLC
registered Agent for	OLLEGE/ART TEO/ART	3233123 111721117	
	Name of Limited Liability (Company	,
L070000	90554		
Document Numl	er, if known		
A copy of this resignation	was mailed to the above listed l	imited liability company at	its last known address.
The agency is terminated a	and the office discontinued on the	ne Ist day after the date on	
If signing on behalf of an o	entity:		ZOOS NOV I
	I.I. & F GROU	JP INC.	SS 2 Second
_	Typed or Printed	Name	in .
	AGEN ⁻	Γ	3 3 10
_	Capacity		INTERPORTED

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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