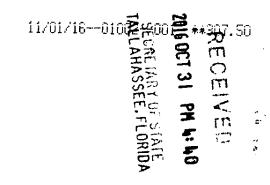
L07-00009560

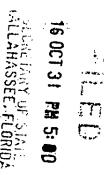
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Office Use Only



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COVER LETTER

SUBJECT: DFS SUPPLY CHAIN SOLUTION		Commonweal	
DOCUMENT NUMBER: L07000095609	nited Liability	Company	
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee are	e submitted
Please return all correspondence concerning thi	s matter to th	e following:	
Amanda Archambault			
Name of Person			
National Corporate Research, LTD.			
Name of Firm/Company			
850 New Burton Rd Suite 200			
Address			
Dover, DE 19904			
City/State and Zip Code	· <u></u> -		
			25
E-mail address: (to be used for future annual report	t notification)		
For further information concerning this matter,	please call:		
Amanda Archambault	866	621-3524 ext. 3041	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Florid liability company or \$25.00 for an administrationability company.	a Department vely dissolved	of State for \$85.00 for an act d, voluntarily dissolved or with	ive limited hdrawn limited
MAILING ADDRESS:	STREE	CT ADDRESS:	
Registration Section	-	ation Section	
Division of Corporations	Divisio	n of Corporations	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605.011	5, Florida Statutes, the un	idersigned,	
National Corporate Research, LTD. Name of Registered Agent			_ , hereby resigns as	
	Name of Lin	nited Liability Company		_•
L07000095609				
Document Nu	mber, if known			
A copy of this resignatio	n was mailed to the a	above listed limited liabili	ity company at its last known address	s.
The agency is terminated	d and the office disco	ontinued on the 31st day a	fter the date on which this statement	is filed.
	Blooke	Dull Many Signature of Resigning Ager	-Hayes	
If signing on behalf of ar	n entity:		-	
	Brooke Daughe	rty-Hayes		
	7	Typed or Printed Name	\mathbb{F}_{c}	
	Assistant Secretary			16
		Capacity	HA	9C7
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited lial	y company olved/ voluntarily dissolved/ bility company	

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