

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (

: (850)617-6380

From:

Account Name : CCDEV LEGAL CORP
Account Number : 120060000098
Phone : (239)333-2242
Fax Number : (239)333-2244

REGISTERED AGENT RESIGNATION

MECENVEES

108 APR - 1 AM 8: 00

ECRETARY OF STATE

LLAHASSEE. FLORIDA

AQT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87:50

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Corporate Filing Menu

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239 461 0083 04/01/2008 17:03 #227 P.003/003

H080000831783

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: AQT, LLC (Name of Limited Lia	bility Company)		
DOCUMENT NUMBER: L07000103977			
The enclosed Resignation of Registered Agent for a Li for filing.	mited Liability Company and fee are submitted		
Please return all correspondence concerning this matte	r to the following:		
Holly Bower			
(Name of Person)			
Phoenix Law			
(Name of Firm/Company)			
12800 University Drive, Suite 260			
(Address)	······································		
Fort Myers, FL 33907			
(City/State and Zip Code)			
For further information concerning this matter, please	call:		
Holly Bower at (239	9 \ \461-0101		
(Name of Person) (Area	A Code & Daytime Telephone Number)		
Enclosed is a check made payable to the Florida Deparliability company or \$25.00 for an administratively dislimited liability company.	tment of State for \$85.00 for an active limited solved, voluntarily dissolved or withdrawn		
	TREET ADDRESS:		
	Amendment Section		
	Division of Corporations Clifton Building		
	111011 Building 61 Executive Center Circle		
•	dlahassee, FL 32301		

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04/01/2008 17:03 #227 P.002/003

HOKUU00881783

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.416	(2) or 608.309, Florida Su	atutes, the undersigned,		
Charles PT Phoenix, Esq			, hereby resigns as		
	(Name of Registered Ag	ent)			
Registered Agent for	AQT, LLC				
			·**···································	,	
	(Name of Li	mited Liability Company)			•
L07000103977		,			
(Document Numb	er, if known)	·			
A copy of this resignation	on was mailed to the	above listed limited liabili	ty company at its last know	n address.	
The agency is terminate	d and the office disco	ontinued on the 31st day at	fter the date on which this s	tatement is	filed.
		(Signature of Resigning Ager	nt)		
If signing on behalf of a	n entity:				
,					9
	(Typed or Printed Name)		80	VISEC
		(Capacity)		08 APR -1	是黑
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	\$ 85.00 \$ 25.00	Active limited liability Administratively disso withdrawn limited lial	/ company slved/ voluntarily dissolved bility company	/ 6	. 95°

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

INHS17 (08/05)