L08000089794

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H10000206179 3)))

H10000206179 3ABC-

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
2010 SEP 17 PM 2:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

To:
Division of Corporations
Fax Number : (850)617-6380

Michelle Narea-Popu

From:
Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888)491-1120
Fax Number : (954)343-6962

RECEIVED
10 SEP 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

**REGISTERED AGENT RESIGNATION**
**NOS SOUTH FLORIDA, LLC**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | $87.50 |

Electronic Filing Menu Corporate Filing Menu Help

9-17-10

# Fax Message

**To:** 18506176380

**Fax:** 18506176380

**From:** Michelle Narea-Popu
Greenspoon Marder, P.A.

**Date:** 9/17/2010 11:07 AM
**Pages:** 1 of 4 (including this page)
**Subject:** NOS SOUTH FLORIDA LLC

(((H10000206179 3)))

# 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,

ALAN B COHN, hereby resigns as
Name of Registered Agent

Registered Agent for NOS SOUTH FLORIDA, LLC
Name of Limited Liability Company

L08000088994
Document Number, if known

FILED
2010 SEP 17 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Signature of Resigning Agent

If signing on behalf of an entity:

Alan B. Cohn
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$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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**

*INHS17 (08/05)*

(((H10000206179 3)))