Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN P

Account Number: I20070000020 : (813)435-3176 Phone Fax Number : (813)333-6358

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LLC REGISTERED AGENT RESIGNATION BUSINESS INFORMATION SYSTEMS TECHNOLOGIES, LLC

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C. LEWIS

MAR 2 6 2014

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SECHETARY OF STATE TALL AHASSES, PLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statute	s, the undersigned,
THE LAW OFFIC	ES OF SPRADLIN, PLLC	, hereby resigns as
	Name of Registered Agent	, norday resigns as
Registered Agent for	BUSINESS INFORMATION SYS	TEMS TECHNOLOGIES, LLC
	Name of Limited Liability Comp.	any
L09000038098		
Document	Number, if known	
A copy of this resigna	tion was mailed to the above listed limit	ed liability company at its last known address.
The agency is termina	ated and the office discontinued on the 31	st day after the date on which this statement is filed.
If signing on behalf of	Signature of Resignature of Resignat	ning Agent
	NICKOLAS J. SPRADLIN	
	Typed or Printed Nam	e
	CEO	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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