

109000048523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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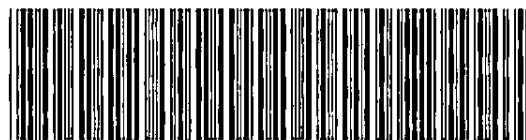
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRAFIK NETWORKS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000048523

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMBER MORGAN  
Name of Person

MGM  
Name of Firm/Company

74 NE 4TH AVE  
Address

DELRAY BEACH, FL 33483  
City/State and Zip Code

AMBER.MORGAN@MINTGLOBALMARKETING.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMBER MORGAN at ( 561 ) 563-7514  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**ROBERT SHANER**

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for **TRAFIK NETWORKS, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

**L09000048523**

\_\_\_\_\_  
Document Number, if known

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.

*Robert Shaner*

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
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**

**FILED**  
**2019 NOV 13 PM 2:14**  
**SECRETARY OF STATE**  
**FLORIDA**