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.

(((H14000232466 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

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

LLC REGISTERED AGENT RESIGNATION NTS EQUITY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

10/3/2014

https://efile.sunbiz.org/scripts/efilcovr.exe

TO:

Registration Section Division of Corporations

COVER LETTER

SUBJECT: Name of Limite	d Liability Company
DOCUMENT NUMBER: L09000058427	
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this m	natter to the following:
Wendy Hefley	
Name of Person	
Incorp Services, Inc.	
Name of Firm/Company	 _
2360 Corporate Circle, Suite 400	
Address	
Henderson, NV 89074	
City/State and Zip Code	
processing@incorp.com	
E-mail address: (to be used for future annual report no	dification)
For further information concerning this matter, ple	ease call:
ot (702 866-2500 ext 6601
Name of Person	Area Code Daytime Telephone Number

MAILING ADDRESS:

liability company.

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ons of section 605.0115, Florida Statutes, the undersigned,	
Incorp Services, Ir	nc. , hereby resigns as	7
	Name of Registered Agent	9
Registered Agent for N	ITS EQUITY, LLC	14 OCT -3
	Name of Limited Liability Company	
L09000058427		部 10: 29]
Document No	umber, if known	
A copy of this resignation	on was mailed to the above listed limited liability company at its last known addr	ess.
The agency is terminate	ed and the office discontinued on the 31st day after the date on which this statements of the signing Agent	nt is filed.
If signing on behalf of a	an entity:	
	Wendy Hefley for Incorp Services, Inc.	
	Typed or Printed Name	
	Authorized Representative	
	Capacity	

\$ 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