

11111  
L090000089102

01:31:22 p.m. 02/04/2015 4/6  
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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.

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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

FILED  
2015 FEB -4 AM 9:27  
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: WENDY.HEGLEY@INCORP.COM

LLC REGISTERED AGENT RESIGNATION  
PROTON SOLUTIONS LLC

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

RECEIVED

15 FEB -4 AM 10:00

FLORIDA DEPARTMENT OF STATE  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

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Corporate Filing Menu

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01:31:34 p.m. 02-04-2015 5/6  
H150000296113**COVER LETTER****TO:** Registration Section  
Division of Corporations**SUBJECT:** PROTON SOLUTIONS LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000089102

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:

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 notification)

For further information concerning this matter, please call:

Incorp Services, Inc./Wendy Hefley

at ( 702 )

888-2500 ext 6601

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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01:31:46 p.m. 02-04-2015 6/6

H150000246113

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

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

Incorp Services, Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for **PROTON SOLUTIONS LLC**

Name of Limited Liability Company

**L09000089102**

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.

  
Signature of Resigning Agent

If signing on behalf of an entity:

**Wendy Hefley for Incorp Services, Inc.**

Typed or Printed Name

**Authorized Representative**

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 (2/14)

**FILED**  
2015 FEB -4 AM 9:27  
SECRETARY OF STATE  
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