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(R	equestor's Name)				
(A	ddress)				
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(C	ity/State/Zip/Phone	#)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
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COVER LETTER .

TO: Amendment Section Division of Corporations
SUBJECT: BIZNET SERVICES LLC Name of Limited Liability Company
DOCUMENT NUMBER: Legeoo 117463
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:
CHRISTOPHER J. PATTI Name of Person
BIZNET SERVICES LLC Name of Firm/Company
3402 E. DE BAZAN AUE. Address
Sr. PETE BCA FL 33706 City/State and Zip Code
C. Patti E. tani paday. Fr. Cora E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHEISTOPHIE J. PATIL at (727) 492 9694 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301



January 19, 2011

To Whom It May Concern:

Per form instructions, this cover letter serves notice of Biznet Services LLC's contact information as follows:

COMPANY CONTACT-

Christopher J Patti (President)

COMPANY PHONE-

727-492-9694

COMPANY ADDRESS-

3402 E. Debazan Ave. St. Pete Beach, Fl 33706

Sincerely,

Christopher J. Patti

President/CEO

BizNet Services, LLC

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.	416(2) or 608,509, Florida	a Statutes, the undersigned	L.
CHEIS PETE	معادما		hereby resigns as _	4. 2 -
•	Name of Registered	Agent		
Registered Agent for	BIZNET	Services, LLC		PS 25
	Name of	f Limited Liability Company		Fig D
L 09000 1174	63 lamber, if known	named and the state of the stat		26 26 28 28 28 28 28
•••			bility company at its last k	
The agency is terminate	ed and the office d	Signature of Resigning	ay after the date on which t	his statement is filed.
If signing on behalf of a	m entity:			
	Alu			
	n/A	Typed of Printed Name		
	According to the contract of t	Capacity	THE RESERVE AND ADDRESS OF THE PARTY OF THE	•

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
Administratively dissolved/ voluntarity dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tailahassee, Fl. 32314

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