

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850) 617~6383

Prom;

Account Name : AGENIS AND CORPORATIONS, INC

Account Number : 120010000112 Phone : (302)575-0875

Fax Number : (302)575-1642

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

Email Address:

LLC REGISTERED AGENT RESIGNATION SKYHIGH WIRELESS LLC

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EXAMINER

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OCT -1 2015

9/29/2015

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

			7118 SEP 1205 SEP
Pursuant to the provi	isions of section 605.0115, Florida Statut	es, the undersigned,	
AGENTS AND	CORPORATIONS, INC.	hereby resigns as	, hereby resigns as
	Name of Registered Agent	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	56.5
Registered Agent for	SKYHIGH WIRELESS LLC		E T.S.
			92 O
THE RESTRICTION OF THE PERSONNELS	Name of Limited Liability Com	pany	
L10000005476			
Dneumen	t Number, if known		
	nation was mailed to the above listed limi	ted liability company at its las	t known address.
The agency is termin	ated and the office discontinued on the 3 ACENTS AND CORPORATIONS,		h this statement is filed.
The agency is termin		INC.	h this statement is filed.
The agency is terminal of the agency is a supplication of the agency is a	ACENTS AND CORPORATIONS, Signature of Resi	INC.	h this statement is filed.
- '	ACENTS AND CORPORATIONS, Signature of Resi	INC.	h this statement is filed.
- '	ACENTS AND CORPORATIONS, Signature of Resident Control of the entity:	INC.	h this statement is filed.
	ACENTS AND CORPORATIONS, Signature of Resident Control of Residen	INC.	h this statement is filed.

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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