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M. MILLIGAN EXAMINER

MAR 21 2014

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Flawless Telemas Keting LLG Name of Limited Liability Company
DOCUMENT NUMBER: 40000119394
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:
Andrew R. Friedman Name of Person
Friedman Rosenwasser & Goldbarn, PA. Name of Firm/Company
284 H. Achison Rd Address
Pasis Ky 40361 1City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrew Friedman at (859) 255-1949 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\$85.00 for an active limited liability company of \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 (12/13)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115	5, Florida Statutes, the unde	ersigned,			
Edmondo C	atalfamu	<u> </u>	, hereby resigns as			
	Name of Registered Agen	11				
Registered Agent for	-lawley T	elemaiketing	ι			
	Name of Limi	ited Liability Company			 '	1
L1000011		nara automa				
Document Nur	nber, if known					
A copy of this resignatio	n was mailed to the a	bove listed limited liability	company at its last k	nown add	dress.	
The agency is terminated	and the office discor	ntinued on the 31st day afte	the date on which t	his staten	nent is	filed.
			,			
	X please	Signature of Resigning Agent	-			
		Signature of Congning rigoni				
If signing on behalf of an	entity:					
	Ту	yped or Printed Name		¥-31		
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		Capacity		10.00	$\overline{\Box}$	-
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	EH ING	PPP0			့် က	
	FILING 5 85.00	Active limited liability of Administratively dissolved	ompany		نا	
	\$ 25.00	Administratively dissolve withdrawn limited liabil	ed/voluntarily disso ity company	Ived/` '	\circ	

Make checks payable to Florida Department of State and mail to:

P.O. Box 6327
Tallahassee, FL 32314