#1/100068622

(Requestor's Name)					
- (Address)					
(Address)					
(C	ity/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
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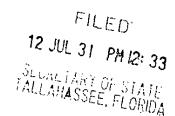
K.SALY EXAMINER AUG 1 2012

COVER LETTER

_	stration Section ion of Corporations					
Divis	ion or corporations					
SUBJECT:	AGILESRC LLC					
	(Name of Lim	(Name of Limited Liability Company)				
The enclosed filing.	l member, managing member or	manager resig	gnation and fee(s) are submitted for			
Please return	all correspondence concerning	this matter to:				
Mark Horn						
	(Contact Person)					
AGILESRC	LLC					
	(Firm/Company)		_			
3267 Progre	ess Drive					
	(Address)					
Orlando, FL	32826					
	(City/State and Zip Code)		-			
For further in	formation concerning this matte	er, please call:				
Mark Horn		866	295-9037			
(Na	ame of Contact Person)	(Area Code	& Daytime Telephone Number)			
Enclosed plea	ase find a check made payable to \$25 Filing Fee	o the Florida I	Department of State for: \$55 Filing Fee & Certified Copy			
	OURIER ADDRESS:		MAILING ADDRESS:			
Registration !			Registration Section			
Division of C	•		Division of Corporations			
Clifton Build	ing ve Center Circle		P.O. Box 6327 Tallahassee, Florida 32314			
	Florida 32301		rananassee, Piorida 32314			

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the AGI of State is:	limited liability company as LESRC LLC	it appears on the records	of the Florida Department	
Florida	ility company was organized	under the laws of:		
3. The Florida doc: L1100006862	ument/registration number of	this limited liability com	pany is:	
4. I,		Manager . hereby resign as a		
resignation in wr	bility company and affirm the iting. Igning Member, Managing Member, M		y has been notified of my	
	\$25.00 (Required) \$30.00 (Optional)			